# PROCEEDINGS OF THE BROWN COUNTY BOARD OF SUPERVISORS JUNE 17, 2020

Pursuant to Sections 19.85 and 59.094, Wis. Stats, Notice is hereby given to the public that a **VIRTUAL MEETING** of the **BROWN COUNTY BOARD OF SUPERVISORS** will be held on **WEDNESDAY**, **JUNE 17**, **2020** at 7:00 P.M.

# The Public may **Access** this Virtual Meeting by:

- **1)** Calling 1-415-655-0003; Entering the following Event Number: 614 661 190; and Pressing #. Then, when asked for Attendee ID, Pressing # Again (for Audio Only Access); or
- **2)** Browsing to this Web Address on a computer or smartphone: www.browncountywi.gov/CtyBoardPublic
- ; and Entering the following Event Number: 614 661 190 (for Audio and Video Access). The Event Password should be filled in, but if needed, then Enter 0617; or
- **3)** Physically Going (in-person) to the Brown County Central Library, located at 515 Pine Street, Green Bay, WI; and Entering the lower level Auditorium (for Audio and Video Access).

The Public may provide Public Comments by emailing their Public Comments to the following email address: <a href="mailto:publiccomment@browncountywi.gov">publiccomment@browncountywi.gov</a>. <a href="mailto:All Public Comments must include the following">All Public Comments must include the following</a>: <a href="mailto:1">1</a>) Full Name</a> of Commenter; <a href="mailto:2">2</a>) City, Village, Town or other Locality, <a href="mailto:and-state">and-state</a>, that the Commenter Resides in; <a href="mailto:3">3</a>) What <a href="mailto:Issue">Issue</a> the Commenter desires to Comment on; <a href="mailto:4">4</a>) Whether the Commenter <a href="mailto:is-or-is-not-state">is-or-is-not-state</a> a <a href="mailto:Lobbyist">Lobbyist</a> Registered with the State of Wisconsin, <a href="mailto:or-is-not-state">or-is-not-state</a> a <a href="mailto:Lobbyist">Lobbyist</a> Registered with the State of Wisconsin, <a href="mailto:or-is-not-state">or-is-not-state</a> a <a href="mailto:Lobbyist">Lobbyist</a> Registered with the State of Wisconsin, <a href="mailto:or-is-not-state">or-is-not-state</a> and if so the name of the <a href="mailto:Entity or Organization">Entity or Organization</a> that the Commenter is Lobbying on behalf of.

**The Public** may also provide **Public Comments** that comply with the above four requirements by **mailing** them to the following address: Brown County Board Office, P.O. Box 23600, Green Bay, WI 54305-3600.

Compliant Public Comments received by email or mail on or before midnight the day prior to the Virtual Meeting will be electronically forwarded to Board Supervisors on the morning of the Virtual Meeting.

# **County Board Supervisors** may <u>attend</u> this Virtual Committee Meeting by:

1) Utilizing WebEx via their County Issued Laptop and County Issued Headset, as instructed at Virtual Training Sessions (this provides two-way Audio and Video Access). **PLEASE LOG-IN 15 MINUTES EARLY!** 

**NOTE:** County Board Supervisors may Virtually Attend this meeting in any location they desire that has sufficient internet access, and any <u>County Board Supervisor</u> that wishes to may bring his or her County Issued Laptop and County Issued Headset to Room 200 of the Brown County Northern Building, located at 305 E Walnut St, Green Bay, WI 54301, where they may Virtually log-in to this Virtual Meeting. Internet access will be available, and social distancing will be practiced, in Room 200. NOTE: <u>Technical Support will no longer be provided in Room 200</u> - County Board Members needing Technical Support should call the Brown County Department of Technology Services Help Line at (920) 448-4030.

The following matters will be considered:

Call to order at 7:00 p.m.

Invocation.

Pledge of Allegiance.

Opening Roll Call: Sieber, Chu, Dorff, Jacobson, Lefebvre, Friberg, Borchardt, Evans, Vander

Leest, Buckley, Landwehr, Dantinne, Brusky, Murphy, Kaster, Van Dyck, Hopkins, Erickson, Coenen, Schultz, Peters, Suennen, Schadewald, Lund,

Deneys.

Excused: De Wane

Total Present: 25 Excused: 1

# No. 1 -- ADOPTION OF AGENDA.

A motion was made by Supervisor Sieber and seconded by Supervisor Peters "to modify the agenda by taking Items #7a-7g, #12a-12d, #11a, #11c-11f, #11b, #10a-10e after Item #1." Vote taken. Motion carried unanimously.

# No. 7 -- CONFIRMATION/APPOINTMENTS BY COUNTY EXECUTIVE.

A motion was made by Supervisor Schadewald and seconded by Supervisor Borchardt "to suspend the rules and take Items #7a-7g together." Vote taken. Motion carried unanimously with no abstentions.

A motion was made by Supervisor Schadewald and seconded by Supervisor Dantinne "to approve Items #7a-7g." Vote taken. Motion carried unanimously with no abstentions.

- No. 7a -- Reappointment of Bill Ullmer to the Board of Adjustment.
- No. 7b -- Reappointment of Scott King and Bill Clancy to the Children with Disabilities Education Board.
- No. 7c -- Appointment of Mark Graul and Reappointments of Chuck Lamine and Robert Cowles to the Professional Football Stadium District Board.
- No. 7d -- Appointment of Cassandra Erickson, Tom Friberg and Tom Sieber to the Neville Public Museum Governing Board.
- No. 7e -- Appointment of Pat Hopkins and Emily Jacobson to Planning Commission.
- No. 7f -- Appointment of Barb LaMue to the Harbor Commission.
- No. 7g -- Appointment of Randy Schultz to the Human Services Board.

## **Committee of the Whole**

# No. 12a -- RESOLUTION EXPRESSING STRONG SUPPORT FOR PASSAGE OF 2019 SENATE BILL 5, AND 2019 ASSEMBLY BILL 5, WHICH DEFINE COUNTY JAILERS AS PROTECTIVE OCCUPATION PARTICIPANTS.

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

WHEREAS, Wisconsin County Jailers deserve to be treated similarly to other Protective Occupation Participants in many respects, including having the option to retire earlier than other Wisconsin Retirement System (WRS) participants, and being able to participate in the Duty Disability Program, as stated in 2019 Senate Bill 5, and in 2019 Assembly Bill 5 (the Bills); and

WHEREAS, the Bills define County Jailers as persons employed by a County whose principal duties involve supervising, controlling or maintaining a jail or persons confined in a jail, and classify County Jailers as Protective Occupation Participants, while at the same time addressing County concerns regarding the increased costs associated with other Protective Occupation Participants, and associated with Public Safety Employee bargaining units; and

WHEREAS, especially in light of the dangers County Jailers currently face during the COVID-19 Pandemic, it is well past time for State Legislators to recognize that the situations and risks County Jailers face and endure while carrying out their job duties, and the effect engaging in such work has on the lives of them and their families, warrant that County Jailers be treated similarly to other Protective Occupation Participants in many respects, as stated in the Bills.

**NOW, THEREFORE, BE IT RESOLVED,** that the Brown County Board of Supervisors hereby expresses its strong support for the passage of 2019 Assembly Bill 5, and 2019 Senate Bill 5, and respectfully requests that State Legislators recognize the importance of taking prompt action to remedy this current inequitable situation that County Jailers find themselves in; and

**BE IT FURTHER RESOLVED** by the Brown County Board of Supervisors that the Brown County Clerk shall forward this resolution to Brown County's State Legislative Delegation and Governor for consideration.

Fiscal Note: This resolution does not require an appropriation from the General Fund. The actual cost to carry out the resolution is \$5.98, and is within the existing 2020 Budget. The actual fiscal impact is currently an indeterminate amount until the State provides an actuarial study.

Respectfully submitted,

PUBLIC SAFETY COMMITTEE

Approved By: /s/ Troy Streckenbach Date: 06/18/2020

20-044R

Authored by: Corporation Counsel at Request of Public Safety Committee

Approved by: Corporation Counsel

A motion was made by Supervisor Deneys and seconded by Supervisor Kaster "**to adopt.**" Vote taken. Motion carried unanimously with no abstentions.

# **ATTACHMENT TO RESOLUTION #12A**

# CORPORATION COUNSEL

# Brown County

305 EAST WALNUT STREET P.O. BOX 23600 GREEN BAY, WISCONSIN 54305-3600



PHONE:	(920)	448-4006	David P. Hemer
FAX:		448-400 <del>6</del> 448-4003	Corporation Counse
EMAIL:	David	.Hemery@browncount	ywi.gov
		RESOLUTION/	ORDINANCE SUBMISSION TO COUNTY BOARD
DATE:		05-27-2020	
REQUEST TO	0:	Public Safety	
MEETING DA	ATE:	06-02-2020	
REQUEST FF	ROM:	Dave Hemery, Corp	Counsel
REQUEST TY	YPE:	New resolution	☐ Revision to resolution
		☐ New ordinance	☐ Revision to ordinance
2, /	AND 20	FION EXPRESSING 19 ASSEMBLY BIL TION PARTICIPAN	STRONG SUPPORT FOR PASSAGE OF 2019 SENATE BILL L 5, WHICH DEFINE COUNTY JAILERS AS PROTECTIVE WTS
		ID INFORMATION: of Senate and Assemb	ly Bills
ACTION REQ Consideration	A THE STATE OF THE		
FISCAL IMPA	ACT:		
NOTE: This fisc	cal impact	portion is initially complete	ed by requestor, but verified by the DOA and updated if necessary.
What is the an from the Gen	mount of eral Fu	the fiscal impact?  nd. The actual cost is	\$ Fiscal Note: This resolution does not require an appropriation to carry out the resolution is \$5.98, and is within the existing 2020 by an indeterminate amount until the State provides an actuarial study.
Is it currently b			☐ N/A (if \$0 fiscal impact)
a. If y	yes, in w	hich account?	
b. If r	no, how	will the impact be fund	ed? General Fund
c. If f	unding i	s from an external sour	rce, is it one-time  or continuous?
<ol><li>Please pro</li></ol>	ovide su	pporting documentation	n of fiscal impact determination.
E 000V 65			
A CUPY OF	KESOL	JTION OR ORDINANO	E IS ATTACHED

12a

# No. 12b -- RESOLUTION RATIFYING COVID-19 ACTIONS TAKEN TO DATE AND LIMITING AUTHORITY DURING DECLARATION OF EMERGENCY.

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

WHEREAS, Wis. Stat. Sec. 323.11, entitled <u>Declaration by Local Government</u>, provides as follows: "The governing body of any local unit of government may declare, by ordinance or resolution, an emergency existing within the local unit of government...that impairs transportation, food or fuel supplies, medical care, fire, health or police protection, or other critical systems of the local unit of government. The period of the emergency shall be limited by the ordinance or resolution to the time during which the emergency conditions exist or are likely to exist"; and

**WHEREAS**, Wis. Stat. Sec. 323.14(4), entitled <u>Powers During an Emergency</u>, provides as follows: "(a) The emergency power of the governing body conferred under s. 323.11 includes the general authority to order...whatever is necessary and expedient for the health, safety, protection, and welfare of persons and property within the local unit of government in the emergency..."; and

**WHEREAS,** on 03-18-2020 the Brown County Board of Supervisors (the Board), pursuant to Wis. Stat. Sec. 323.11: **1)** Declared that "...an emergency exists within the County by reason of an imminent threat of disaster impairing medical care, health, and other critical systems of the County due to the spread of COVID-19"; and **2)** Declared that the period of emergency shall last for 60 days unless sooner terminated or extended by further Resolution of the Board; and

**WHEREAS**, on 05-18-2020 the Board met and extended the period of emergency until they next meet in June of 2020; and

WHEREAS, there is a need, due to the continued presence and community spread of COVID-19 in the County, for the Board to further extend the declared period of emergency until the Board next meets in July of 2020, unless ended by the Board prior to that; and

WHEREAS, there is a need for the Board to ratify, confirm and approve of any and all COVID-19 related actions taken to date by the County Executive and other County Officers and Agents, and to limit emergency declaration authority of the County Executive and County Officers and Agents going forward.

**NOW THEREFORE BE IT RESOLVED,** that pursuant to Wis. Stat. § 323.11, the Brown County Board of Supervisors (the Board) hereby finds and declares that an emergency continues to exist within the County by reason of an imminent threat of disaster impairing medical care, health, and other critical systems of the County due to COVID-19, and that, due to the continued presence and community spread of COVID-19 in the County, the Board hereby extends the declared period of emergency due to COVID-19 in Brown County until the time the

Board next meets in July of 2020, currently scheduled to occur on 07-15-2020, unless sooner terminated; and

**BE IT FURTHER RESOLVED,** that the Board hereby ratifies, confirms and approves of any and all actions related to the COVID-19 response taken to date by the County Executive and other County Officers and Agents; and

BE IT FURTHER RESOLVED, that the County Executive, by and through County Officials and Agents, is hereby authorized and directed to exercise the following limited authority during the period of emergency: 1) To procure necessary COVID-19 related Personal Protective Equipment (PPE) and supplies for County staff, the public and County buildings; 2) To provide directly, in coordination with a State agency or via contract: COVID-19 testing; and COVID-19 tracing, quarantine and isolation in Brown County regarding COVID-19 positive individuals; 3) To administer and coordinate the previously approved County Emergency Management Plan; 4) To appropriate necessary funds, staff, resources, and temporary work rules to carry out the above actions; and 5) To apply for and accept state and federal resources including but not limited to grant money and other reimbursement.

**BE IT FINALLY RESOLVED,** that Public Health shall, on a monthly basis and for as long as this Emergency Declaration is in effect, report to the Health and Human Services Committee on actions taken pursuant to this Emergency Declaration.

Fiscal Note: This resolution does not require an appropriation from the General Fund. However, subsequent action resulting from this resolution may require an appropriation from the General Fund.

Respectfully submitted,

COMMITTEE OF THE WHOLE

Approved By: /s/ Troy Streckenbach Date: 06/18/2020

Authored by: Corporation Counsel Approved by: Corporation Counsel

A motion was made by Supervisor Brusky and seconded by Supervisor Lefebvre "to adopt." Vote taken. Motion carried unanimously with no abstentions.

# ATTACHMENTS TO RESOLUTION #12B ON THE FOLLOWING PAGES

# CORPORATION COUNSEL

# Brown County

305 EAST WALNUT STREET P.O. BOX 23600 GREEN BAY, WISCONSIN 54305-3600



		David P. Hemery
PHONE:	(920) 448-4006	Corporation Counsel
FAX: EMAIL:	(920) 448-4003 David.Hemery@browncount	nowi grov
LINAL.	David Helliel y@blowncould	yw.gov
	RESOLUTION/	ORDINANCE SUBMISSION TO COUNTY BOARD
DATE:	06-11-2020	
REQUEST TO	County Board – Com	mittee of the Whole
MEETING DA	TE: 06-17-2020	
REQUEST FR	OM: Dave Hemery, Corp	Counsel
REQUEST TY	PE:   New resolution	☐ Revision to resolution
	☐ New ordinance	☐ Revision to ordinance
TITLE	RESOLUTION RA	FIFYING COVID-19 ACTIONS TAKEN TO DATE AND
		Y DURING DECLARATION OF EMERGENCY
ISSUE/BACK	GROUND INFORMATION:	
		unty Executive during the County Board declared Declaration of
		ted emergency actions taken to date
ACTION REQ	UESTED:	
Consideration	and approval.	
FISCAL IMPA	CT:	
NOTE: This fisc	cal impact portion is initially complet	ed by requestor, but verified by the DOA and updated if necessary.
	mount of the fiscal impact?  I. However, subsequent action r	\$ Fiscal Note: This resolution does not require an appropriation from the esulting from this resolution may require an appropriation from the General
Is it currently b	oudgeted? ⊠ Yes □ No	□ N/A (if \$0 fiscal impact)
a. If y	yes, in which account?	
b. If r	no, how will the impact be fund	ed? General Fund
c. If f	funding is from an external sou	rce, is it one-time  or continuous?
2. Please pro	ovide supporting documentation	n of fiscal impact determination.
□ COPY OF I	RESOLUTION OR ORDINAN	CE IS ATTACHED

# No. 12c -- RESOLUTION TO AUTHORIZE WPS ELECTRIC UNDERGROUND EASEMENT ON COUNTY PROPERTY.

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

WHEREAS, the Wisconsin Public Service Corporation (WPS) has requested an easement for maintenance purposes on property owned by Brown County (golf course property), as described in the attached Letter and Easement, which are hereby incorporated into and made part of this Resolution via reference and attachment; and

WHEREAS, the County owns the land that said easement is requested on, and authorization of the County Board is required in order to grant said easement; and

**WHEREAS**, it is desirable and is in the best interest of the public to grant said easement as requested.

**NOW, THERFORE, BE IT RESOLVED** that the Brown County Board of Supervisors hereby consents and authorizes the grant of the "Electric Underground Easement" to WPS, and authorizes and directs County officers and staff to take any and all actions necessary to effectuate said easement.

Fiscal Note: This resolution does not require an appropriation from the General Fund.

Respectfully submitted,

EDUCATION & RECREATION COMMITTEE

Approved By:	/s/ Troy Streckenbach	Date: 06/18/2020
ADDIOVED DV.	/3/ TTUV SHECKEHDACH	Date. 00/10/2020

20-053R
Authored by Brown County Golf Course
Final Draft Approved by Corporation Counsel

A motion was made by Supervisor Van Dyck and seconded by Supervisor Lefebvre "to adopt." Vote taken. Motion carried unanimously with no abstentions.

# ATTACHMENTS TO RESOLUTION #12C ON THE FOLLOWING PAGES



Wisconsin Public Service Corporation

700 North Adams Street P.O. Box 19001 Green Bay, Wt 54307-9001

www.wisconsinpublicservice.com

5/19/2020

Brown County, a municipal corporation 897 Riverdale Dr Oneida, WI 54155

Dear Customer:

In an effort to provide improved service and reliability Wisconsin Public Service Corporation is planning on relocating the electric facilities located on your property at 897 Riverdale Dr in the Town of Hobart, County of Brown, State of Wisconsin. This work involves converting the overhead electric facilities to underground electric facilities in locations shown on the attached easement which, when executed, would grant us the right to install and maintain the necessary facilities.

I have enclosed two copies of the easement for your review. The exhibit is only temporary until the final one can be completed. When the final exhibit is complete we will send it along with a copy of the easement for your review. After you review the exhibit, the document will be recorded with the Office of the Register of Deeds. Signing this document will allow WPSC to install facilities on your property in the location described in the easement.

Please note that the Public Service Commission entitles you to a minimum of five days to examine the materials provided. However, you have the option to waive the five-day review period and sign and return the easement at any time.

You will note that the documents require you to sign them in the presence of a Notary Public. Please make the necessary arrangements to meet with a Notary Public in your vicinity and have the Notary sign the documents where indicated. All signatures and blanks filled in must be completed in <a href="https://documents.org/linear-new-notation-necessary-nec

Please return <u>one</u> of the documents to me in the pre-paid envelope provided at your earliest convenience. The second document is for your records. Installation cannot be scheduled until the completed document has been received.

Please contact me if you have any questions regarding the easement. Please refer to Work Request 3051413.

Thank you.

Sincerely,

Michelle Somers - Right of Way Agent Wisconsin Public Service Corporation (920) 433-1107 Michelle.Somers@wecenergygroup.com

Enclosure

12c

1050190 WPSC

DOCUMENT NUMBER

### ELECTRIC UNDERGROUND EASEMENT

THIS INDENTURE is made this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_, by and between Brown County, a municipal corporation, ("Grantor") and WISCONSIN PUBLIC SERVICE
CORPORATION, a Wisconsin Corporation, along with its successors and assigns (collectively, "Grantee") for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Grantor, owner of land, hereby grants and warrants to, Grantee, a permanent easement upon, within, beneath, over and across a part of Grantor's land hereinafter referred to as "easement area" more particularly described as follows:

Part of the Parcel described in Brown County Register of Deeds Volume 331, page 591, Document Number 507499 and Volume 338, Page 471, Document 518546, being part of Indian Claim 200, Section 26 and Indian Claim 201 Section 25, all in Township 24 North, Range 19 East, Village of Hobart, County of Brown, State of Wisconsin, as shown on the attached Exhibit "A".

Return to: Wisconsin Public Service Corp. Real Estate Dept. P.O. Box 19001 Green Bay, WI 54307-9001

Parcel Identification Number (PIN)

HB-1426

- 1. Purpose: ELECTRIC UNDERGROUND The purpose of this easement is to construct, install, operate, maintain, repair, replace and extend underground utility facilities, conduit and cables, electric pad-mounted transformers, manhole, electric pad-mounted switch-fuse units, electric pad-mounted vacuum fault interrupter, concrete slabs, power pedestals, riser equipment, terminals and markers, together with all necessary and appurtenant equipment under and above ground as deemed necessary by Grantee, all to transmit electric energy, signals, television and telecommunication services, including the customary growth and replacement thereof. Trees, bushes, branches and roots may be trimmed or removed so as not to interfere with Grantee's use of the easement area.
- Access: Grantee shall have the right to enter on and across any of the Grantor's property outside of the easement area as may be reasonably necessary to gain access to the easement area and as may be reasonably necessary for the construction, installation, operation, maintenance, inspection, removal or replacement of the Grantee's facilities.
- 3. Buildings or Other Structures: Grantor agrees that no structures will be erected in the easement area or in such close proximity to Grantee's facilities as to create a violation of all applicable State of Wisconsin electric and gas codes or any amendments thereto.
- 4. Elevation: Grantor agrees that the elevation of the ground surface existing as of the date of the initial installation of Grantee's facilities within the easement area will not be altered by more than 4 inches without the written consent of Grantee.
- Restoration: Grantee agrees to restore or cause to have restored Grantor's land, as nearly as is reasonably possible, to the condition existing prior to such entry by Grantee or its agents. This restoration, however,

12c

• . .

does not apply to any trees, bushes, branches or roots which may interfere with Grantee's use of the easement area.

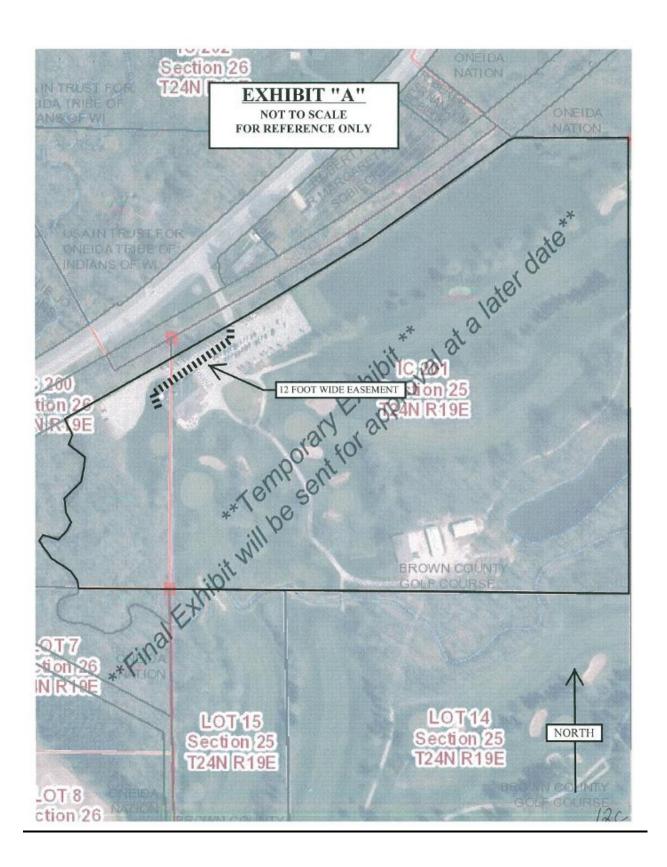
- 6. Exercise of Rights: It is agreed that the complete exercise of the rights herein conveyed may be gradual and not fully exercised until sometime in the future, and that none of the rights herein granted shall be lost by non-use.
- Binding on Future Parties: This grant of easement shall be binding upon and inure to the benefit of the heirs, successors and assigns of all parties hereto.
- 8. Easement Review: Grantor acknowledges receipt of materials which describe Grantor's rights and options in the easement negotiation process and furthermore acknowledges that Grantor has had at least 5 days to review this easement document or voluntarily waives the five day review period.

[REMAINDER OF PAGE LEFT BLANK]

WITNESS the hand and seal of the Grantor the day and year first above written.

COUNTY OF		Brown County, a municipal corporation Corporate Name	
STATE OF		Sign Name	
STATE OF		Print name & title	
STATE OF		Sign Name	
This instrument was acknowledged before me this day of,, by the above- named		Print name & title	
This instrument was acknowledged before me this day of,, by the above- named	STATE OF	_)	
This instrument was acknowledged before me this day of,, by the above- named	COUNTY OF	)SS _)	
on behalf of said Grantor(s) and acknowledged the same  Sign Name  Print Name  Notary Public, State of	This instrument was acknowledged before me this	day of, , by the	ne above-
Print Name Notary Public, State of	Brown County, a municipal corporation, to me kn on behalf of said Grantor(s) and acknowledged the s	nown to be the Grantor(s) who executed the foregoing in same	istrument
Print Name Notary Public, State of	Sie	nu Nama	
Notary Public, State of My Commission expires:	Pris	int Name	
My Commission expires.	No My	otary Public, State of	
	174.)	y commission expires.	
This instrument drafted by: Michelle Somers  Wisconsin Public Service Corporation		poration	

Date	County	Municipality	Site Address	Parcel Identification Number
May 19, 2020	Brown	Town of Hobart	897 Riverdale Dr	HB-1426
Real Estate No.	WPSC District	WR#	WR Type	1/0
1050190	Green Bay	3051413	EPLAN	21810197EC



# No. 12d -- <u>DISCUSSION AND POSSIBLE ACTION REGARDING WHETHER TO HAVE</u> THE JULY 15, 2020 COUNTY BOARD MEETING OCCUR IN-PERSON, WITH SOCIAL DISTANCING, AT THE RESCH CENTER.

A motion was made by Supervisor Lund and seconded by Vice Chair Sieber "to approve." Roll call vote taken.

Supervisors	Dist. #	Vote	Supervisors	Dist. #	Vote	Supervisors	Dist. #	Vote	Aye	16
Sieber	1	Aye	Vander Leest	10	Aye	Erickson	19	Nay	Nay	9
De Wane	2	Excused	Buckley	11	Aye	Coenen	20	Aye	Abstain	0
Chu	3	Nay	Landwehr	12	Aye	Schultz	21	Aye	Excused	1
Dorff	4	Nay	Dantinne, JR.	13	Aye	Peters	22	Aye		
Jacobson	5	Nay	Brusky	14	Nay	Suennen	23	Aye	Total	25
Lefebvre	6	Nay	Murphy	15	Aye	Schadewald	24	Aye		
Friberg	7	Nay	Kaster	16	Aye	Lund	25	Aye		
Borchardt	8	Nay	Van Dyck	17	Aye	Deneys	26	Aye		
Evans	9	Aye	Hopkins	18	Nay					

Motion carried.

# No. 11 -- Resolutions, Ordinances:

# **Budget Adjustments Requiring County Board Approval**

# No. 11a -- RESOLUTION APPROVING BUDGET ADJUSTMENTS TO VARIOUS DEPARTMENT BUDGETS

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

## Ladies and Gentlemen:

WHEREAS, the below listed departments have submitted the following adjustments to their departmental budgets that, per Wisconsin State Statutes, require approval by a 2/3 vote of the full County Board:

20-040 LAND &	Through the Upper East project the Land and Water Conservation Department was able to receive reimbursement for costs associated with the ESRI Mapping Software. This was not budgeted in 2020.
WATER CONS	Fiscal Impact: \$11,500
20-043	2020 - Budget adjustment to allocate unrestricted fund balance to energy efficiency
ADMIN	projects that will reduce our operating budget in future years. These funds are currently recorded as restricted for debt service, but per a legal opinion, they are unrestricted and available to be assigned to this capital project. The primary goal is to replace most lights in County buildings with LEDs, which is expected to reduce our utility bills by about \$250,000/year, significantly reduce the ongoing maintenance costs associated with fluorescent and incandescent light fixtures, and reduce the County's energy usage by about 3,000 megawatt hours each year.
	Fiscal Impact: \$948,946

20-046 SHERIFF This budget adjustment is for the use of sales tax designated for Public Safety projects to fund the expansion of the Jail Video Surveillance capital project which was started in 2016. Additional cameras have been recommended by PREA ("Prison Rape Elimination Act") and by an insurance audit.

Fiscal Impact: \$263,010

and,

WHEREAS, these budget adjustments are necessary to ensure activities are appropriated and accounted for properly.

NOW, THEREFORE, BE IT RESOLVED, that the Brown County Board of Supervisors hereby approves the above listed budget adjustments.

Respectfully submitted,

ADMINISTRATION COMMITTEE

LAND CONSERVATION SUBCOMMITTEE

PLANNING, DEVELOPMENT &

TRANSPORTATION COMMITTEE

PUBLIC SAFETY COMMITTEE

Approved By: /s/ Troy Streckenbach Date: 06/18/2020

20-048R Authored by Administration Approved by Corporation Counsel's Office

Fiscal Note: The fiscal impact is as described in the individual budget adjustments listed above.

A motion was made by Vice Chair Sieber and seconded by Supervisor Schadewald "to adopt." Vote taken. Motion carried unanimously with no abstentions.

# ATTACHMENTS TO RESOLUTION #11A ON THE FOLLOWING PAGES

20-040

Submit Form

11a

# **BUDGET ADJUSTMENT REQUEST**

Categ	ory		Approval Level
	Reallocation from one account to another	r in the same level of appropriation	Dept Head
2	Reallocation due to a technical correct  Reallocation to another account si  Allocation of budgeted prior year g	trictly for tracking or accounting purposes	Director of Admin
]3	Any change in any item within the Outle reallocation of funds from another level		County Exec
□4	Any change in appropriation from an o (i.e., resolution, ordinance change, etc.	fficial action taken by the County Board )	County Exec
<b>5</b>		iginally appropriated funds between any esser of originally appropriated amounts).	Admin Comm
5	<ul> <li>Reallocation of more than 10% of the levels of appropriation.</li> </ul>	he funds originally appropriated between	Oversight Comm 2/3 County Board
6	Reallocation between two or more dep	artments, regardless of amount	Oversight Comm 2/3 County Board
X 7	Any increase in expenses with an offse	etting increase in revenue	Oversight Comm 2/3 County Board
8	Any allocation from a department's fun	d balance	Oversight Comm 2/3 County Board
9	and the second s	ral Fund (requires separate Resolution) Category 4 budget adjustment must be prepared.	Oversight Comm Admin Committee 2/3 County Board
buuç	peted in 2020.		
		Fiscal Impact*:	\$ 11,500
	<ol> <li>[1] [1] [1] [1] [1] [2] [1] [2] [2] [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4</li></ol>	f funds. Enter actual dollar amount if new reve	nue or expense.
	ase Decrease Account#	Account Title	Amount
×	100.048.001.5306.100	Federal Grant Revenue Maintenance agreement software	\$ 11,500 \$ 11,500
			EB
	Mohl & Muhili	AUTHORIZATIONS  Troy Streckenbach Troy Streckenbach (May 8, 2004)	
	Signature of Department Head	Signature of DOA	or Executive
Depai	tment: Land & Water Conservation	Date: May 8, 2020	
	Date: 5/4/20		
			Revised 12/17/19

Signature: Erica Bendickson

Erica Bendickson (May 4, 2020)

Email: erica.bendickson@browncountywi.gov

Signature: (May 4, 2020)

Email: chad.weininger@browncountywi.gov

**BUDGET ADJUSTMENT REQUEST** 

20-043

					Approval Level
□1	Reallocation	from one acc	ount to another in the s	ame level of appropriation	Dept Head
]2	<ul> <li>Realloc</li> </ul>	ation to anoth		could include: tracking or accounting purposes completed in the prior year	Director of Admin
]3			ithin the Outlay accou another level of appro	nt which does not require the opriation	County Exec
□ 4			on from an official acti change, etc.)	ion taken by the County Board	County Exec
5				ppropriated funds between any originally appropriated amounts)	Admin Committee
<b>5</b>		ition of <u>more</u> vels of approp		original appropriated between any	Oversight Comm 2/3 County Board
□6	Reallocation	between two	or more departments	, regardless of amount	Oversight Comm 2/3 County Board
7	Any increase	e in expenses	with an offsetting incr	rease in revenue	Oversight Comm 2/3 County Board
⊠ 8	Any allocation	on from a dep	artment's fund balanc	e	Oversight Comm 2/3 County Board
9	Oversight Comm				
	C 00 08 10 0	udget Chang		nd balance to energy efficiency proje	Admin Committee 2/3 County Board cts that will reduce ou
2020 opera opinio most signifi	- Budget adjuting budget in on, they are utights in Coulonting	justment to al n future years unrestricted a inty buildings e the ongoing	locate unrestricted fur . These funds are currend available to be ass with LEDs, which is e maintenance costs a	nd balance to energy efficiency projectently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and income megawatt hours each year.	2/3 County Board ects that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year unclescent light fixtures
2020 opera opinio most signifi and re	- Budget adjuiting budget in on, they are un lights in Coulicantly reduce educe the Co	ustment to al n future years unrestricted a inty buildings e the ongoing unity's energy	locate unrestricted fur . These funds are curind available to be assigned to be assigned with LEDs, which is egual maintenance costs are usage by about 3,000	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca 0 megawatt hours each year.	2/3 County Board cts that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year unclescent light fixtures iscal Impact: \$948,946
2020 opera opinio most signifi and re	Budget adjuiting budget in on, they are ulights in Coulcantly reduced uce the Coulcant of	ustment to al n future years unrestricted a inty buildings e the ongoing ounty's energy	locate unrestricted fur . These funds are curn nd available to be ass with LEDs, which is e g maintenance costs a v usage by about 3,000 Account#	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca 0 megawatt hours each year.	2/3 County Board  cots that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year inclescent light fixtures  iscal Impact: \$948,946
2020 opera opinio most signifi and re	Budget adjuiting budget in on, they are ulights in Coulcantly reduced uce the Coulcant of	ustment to all n future years unrestricted a nty buildings e the ongoing ounty's energy	locate unrestricted fur . These funds are curn nd available to be ass with LEDs, which is e maintenance costs a usage by about 3,000 Account # 054 406 6182 100	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca to megawatt hours each year.  Account Title  Construction general	2/3 County Board  cots that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year inclescent light fixtures  iscal Impact: \$948,946
ppera oppera oppinio most signifi and re	- Budget adjiting budget in on, they are ulights in Coulontly reduceduce the Coulontly reduceduce the Coulontly reduceduce the Coulontly reduceduceduce the Coulontly reduceduceduceduceduceduceduceduceduceduc	ustment to all n future years unrestricted a inty buildings e the ongoing unity's energy ase 410 300	locate unrestricted fur. These funds are curned available to be asswith LEDs, which is emaintenance costs are usage by about 3,000  Account # 054,406,6182,100 3100,850	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca to megawath hours each year.  Find Account Title  Construction general  Restricted Debt Service	2/3 County Board  cots that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year undescent light fixtures  scal Impact: \$948,946  948,946  948,946
ppera oppera opinio most signifi and re	- Budget adjiting budget in n, they are u lights in Coulontly reduceduce the Coulontly reduced	ustment to all n future years unrestricted a inty buildings e the ongoing unity's energy ase 410 300 410	locate unrestricted fur . These funds are curn nd available to be ass with LEDs, which is e maintenance costs a usage by about 3,000 Account # 054 406 6182 100	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca to megawatt hours each year.  Account Title  Construction general	2/3 County Board  cots that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year inclescent light fixtures    Amount   Bare   Bare
ppera ppinion	Budget adjiting budget in they are used in they are used in they are used in the construction of the const	ustment to all n future years unrestricted a inty buildings e the ongoing unity's energy ase 410 300 410	Account #  054.406.9004 098.001.9003	rently recorded as restricted for debt signed to this capital project. The pr expected to reduce our utility bills b associated with fluorescent and inca or megawatt hours each year.  Fi  Account Title  Construction general  Restricted Debt Service  Transfer In  Transter Out  RIZATIONS  Tray Streckenbach	2/3 County Board  ects that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year indescent light fixtures  scal Impact: \$948,946  948,946  948,946  948,946
2020 oopera oopinio most significand re	Budget adjuting budget in they are utilights in Coulcantly reduce duce the Coulcantly reduceduce the Coulcantly reduceduce the Coulcantly reduceduce the Coulcantly reduceduceduce the Coulcantly reduceduceduceduceduceduceduceduceduceduc	ustment to all n future years unrestricted a inty buildings e the ongoing unity's energy ase 410 300 410 300	Incoate unrestricted fur These funds are curn available to be ass with LEDs, which is e maintenance costs a rusage by about 3,000 Account # 054,406,6182,100 3100,850 054,406,9004 098,001,9003	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca to megawath hours each year.  Find Account Title  Construction general  Restricted Debt Service  Transfer In  Transfer Out  RIZATIONS	2/3 County Board  ects that will reduce ou service, but per a legariary goal is to replace y about \$250,000/year unclescent light fixtures  Amount Amount 948,946 948,946 948,946 948,946
2020 opera opinio most significand re	Budget adjuting budget in they are utilights in Coulcantly reduce duce the Coulcantly reduceduce the Coulcantly reduceduce the Coulcantly reduceduce the Coulcantly reduceduceduce the Coulcantly reduceduceduceduceduceduceduceduceduceduc	instructed a in future years unrestricted a inty buildings e the ongoing unity's energy ase 410 300 410 300	Incoate unrestricted fur These funds are curn available to be ass with LEDs, which is e maintenance costs a rusage by about 3,000 Account # 054,406,6182,100 3100,850 054,406,9004 098,001,9003	rently recorded as restricted for debt signed to this capital project. The prexpected to reduce our utility bills be associated with fluorescent and inca 0 megawatt hours each year.  Final Account Title  Construction general  Restricted Debt Service  Transfer In  Transfer Out  RIZATIONS  Tray Streckenhach  Tray Streckenhach  Tray Streckenhach	2/3 County Board  cots that will reduce ou service, but per a lega mary goal is to replace y about \$250,000/year inclescent light fixtures  Amount ### PAR 946  948,946  948,946  948,946  948,946  948,946

Revised 8/20/15

**BUDGET ADJUSTMENT REQUEST** 

20-046

				Approval Level
□1 Re	allocation fron	n one account to another in th	ne same level of appropriation	Dept Head
	<ul> <li>Reallocatio</li> </ul>		nat could include: for tracking or accounting purposes not completed in the prior year	Director of Admin
		ny item within the Outlay ac unds from another level of a	count which does not require the ppropriation	County Exec
	y change in a	action taken by the County Board	County Exec	
□ 5 a)			lly appropriated funds between any of originally appropriated amounts).	Admin Comm
□ 5 b)		of more than 10% of the fuvels of appropriation.	nds originally appropriated between	Oversight Comm 2/3 County Board
☐ 6 Re	allocation bet	tween two or more departme	ents, regardless of amount	Oversight Comm 2/3 County Board
⊠7 An	y increase in	expenses with an offsetting	increase in revenue	Oversight Comm 60 2/3 County Board 60
□ 8 An	y allocation fr	rom a department's fund bal	ance	Oversight Comm 2/3 County Board
			und (requires separate Resolution) jory 4 budget adjustment must be prepared.	Oversight Comm Admin Committee
Justificat This bud the Jail V	/ideo Surveilla	nt is for the use of sales tax ance capital project which wa	designated for Public Safety projects to fuse started in 2016, Additional cameras have	
Justificat This bud the Jail V	lget adjustme /ideo Surveilla	nt is for the use of sales tax	as started in 2016. Additional cameras have an insurance audit.	and the expansion of
Justificat This bud the Jail V by PREA	lget adjustme Video Surveilla A ("Prison Rap	nt is for the use of sales tax ance capital project which wa be Elimination Act') and by a	as started in 2016. Additional cameras have an insurance audit.	and the expansion of been recommended al Impact*: \$263,010
Justificat This bud the Jail V by PREA	lget adjustme video Surveilla A ("Prison Rap O if reclassifyi	nt is for the use of sales tax ance capital project which wa be Elimination Act') and by a	as started in 2016. Additional cameras have an insurance audit. Fisca	and the expansion of been recommended al Impact*: \$263,010
This bud the Jail V by PREA	lget adjustme video Surveilla A ("Prison Rap O if reclassifyi	nt is for the use of sales tax ance capital project which wa be Elimination Act') and by a graph of the control	as started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new reven	and the expansion of been recommended al Impact*: \$263,010 ue or expense.
This bud the Jail V by PREA *Enter \$1 Increase	get adjustme video Surveilla A ("Prison Rap O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which wa be Elimination Act') and by a and by a and previously budgeted func Account #	es started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new revenses.  Account Title	and the expansion of been recommended at Impact*: \$263,010 we or expense. Amount
This bud the Jail V by PREA  *Enter \$ Increase	lget adjustme video Surveilla A ("Prison Rap O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which wa be Elimination Act') and by a and previously budgeted func Account # 434.074.470.9002	es started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new revening Account Title  Video Surveillance Transfer In	and the expansion of been recommended at Impact*: \$263,010 we or expense. Amount \$263,010
This bud the Jail V by PREA	lget adjustme video Surveilla A ("Prison Rap O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which was be Elimination Act') and by a ang previously budgeted func Account # 434.074.470.9002 434.074.470.6110.020	es started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new revening Account Title  Video Surveillance Transfer In  Video Surveillance Outlay Equipment	and the expansion of been recommended al Impact*: \$263,010 ue or expense. Amount \$263,010 \$263,010
This bud the Jail v by PREA	get adjustmer video Surveilla A ("Prison Rap  O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which was be Elimination Act') and by a ang previously budgeted func Account # 434.074.470.9002 434.074.470.6110.020 499.090.9003	es started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new revening Account Title  Video Surveillance Transfer In  Video Surveillance Outlay Equipment  Sales Tax Transfer Out	and the expansion of been recommended at Impact*: \$263,010 we or expense. Amount \$263,010 \$263,010 \$263,010 \$263,010
This bud the Jail V by PREA  *Enter \$ Increase	get adjustmer video Surveilla A ("Prison Rap  O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which was be Elimination Act') and by a ang previously budgeted func Account # 434.074.470.9002 434.074.470.6110.020 499.090.9003	es started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new revening Account Title  Video Surveillance Transfer In  Video Surveillance Outlay Equipment  Sales Tax Transfer Out	and the expansion of been recommended at Impact*: \$263,010 we or expense. Amount \$263,010 \$263,010 \$263,010
This bud the Jail v by PREA	get adjustmer/ideo Surveilla A ("Prison Rap  O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which was be Elimination Act') and by a ang previously budgeted func Account # 434.074.470.9002 434.074.470.6110.020 499.090.9003	es started in 2016. Additional cameras have an insurance audit.  Fisca ds. Enter actual dollar amount if new revening Account Title  Video Surveillance Transfer In  Video Surveillance Outlay Equipment  Sales Tax Transfer Out	and the expansion of been recommended at Impact*: \$263,010 ue or expense. Amount \$263,010 \$263,010 \$263,010
This bud the Jail V by PREA	get adjustmer video Surveilla A ("Prison Rap  O if reclassifyi Decrease	nt is for the use of sales tax ance capital project which was be Elimination Act') and by a ang previously budgeted func Account # 434.074.470.9002 434.074.470.6110.020 499.090.9003 499.3300.700	Fisca ds. Enter actual dollar amount if new revent  Account Title  Video Surveillance Transfer In  Video Surveillance Outlay Equipment  Sales Tax Transfer Out  Sales Tax Fund Balance	and the expansion of been recommended in impact*: \$263,010 see or expense.  Amount \$263,010 \$
This bud the Jail V by PREA	get adjustmer/ideo Surveilla A ("Prison Rap  O if reclassifyi Decrease  Delain	nt is for the use of sales tax ance capital project which was be Elimination Act') and by a ang previously budgeted func Account # 434.074.470.9002 434.074.470.6110.020 499.090.9003 499.3300.700	Fisca ds. Enter actual dollar amount if new revent Account Title  Video Surveillance Transfer In Video Surveillance Outlay Equipment Sales Tax Transfer Out Sales Tax Fund Balance	and the expansion of been recommended in impact*: \$263,010 see or expense.  Amount \$263,010 \$

11a

Item #11b taken after Item #11f.

# No. 11c -- RESOLUTION AUTHORIZING ENTERING INTO A CONTRACT ENTITLED: CENTER FOR HEALTH AND WELLNESS HEALTHCARE SERVICES AGREEMENT (HEREAFTER REFERRED TO AS THE "CONTRACT")

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**WHEREAS**, the below mentioned Committee(s) reviewed a request for the County to enter into the Contract, attached to and incorporated herein via attachment and reference, and determined that there is a need, and that it is desirable, for the County Board to authorize and direct that the appropriate County Officer, Official and/or Agent do so.

**NOW, THEREFORE, BE IT RESOLVED**, that the Brown County Board of Supervisors hereby authorizes and directs that the appropriate County Officer, Official and/or Agent take any and all actions necessary to enter into the Contract.

Respectfully submitted,

ADMINISTRATION COMMITTEE

Approved By: <u>/s/ Troy Streckenbach</u> Date: <u>06/18/2020</u>

20-046R

Authored by: Corporation Counsel Office Approved by: Corporation Counsel Office

Fiscal Note: This resolution does not require an appropriation from the General Fund. A near-site clinic was accounted for in the 2020 budget.

A motion was made by Supervisor Schadewald and seconded by Supervisor Brusky "to adopt." Vote taken. Motion carried unanimously with no abstentions.

ATTACHMENTS TO RESOLUTION #11C
ON THE FOLLOWING PAGES

# CORPORATION COUNSEL

# Brown County

305 EAST WALNUT STREET P.O. BOX 23600 GREEN BAY, WISCONSIN 54305-3600



			David P. Hemer
PHONE: FAX: EMAIL:	(920)	448-4006 448-4003 i.Hemery@browncount	Corporation Couns
		RESOLUTION/0	ORDINANCE SUBMISSION TO COUNTY BOARD
DATE:		05-07-2020	
REQUEST	TO:	Admin Comm	
MEETING I	DATE:	06-04-2020	
REQUEST	FROM:	Dave Hemery, Corp (	Counsel
REQUEST	TYPE:	⊠ New resolution	☐ Revision to resolution
		☐ New ordinance	☐ Revision to ordinance
Agreement ACTION RE Considerati	for Health	ED:	
FISCAL IM	15	oproval.	
Barrier and	and an extension	ct portion is initially complete	ad by requestor, but verified by the DOA and updated if necessary.
		of the fiscal impact? and. A near-site clinic v	\$ Fiscal Note: This resolution does not require an appropriation was accounted for in the 2020 budget.
Is it current	ly budgete	ed? ⊠ Yes □ No	□ N/A (if \$0 fiscal impact)
a.	If yes, in	which account?	
b.	If no, hov	wwill the impact be fund	ed? General Fund
C.	If funding	is from an external sou	rce, is it one-time $\square$ or continuous? $\square$
2. Please	provide s	upporting documentatio	n of fiscal impact determination.
⊠ COPY O	F RESOI	LUTION OR ORDINANO	CE IS ATTACHED

### CENTER FOR HEALTH AND WELLNESS HEALTHCARE SERVICES AGREEMENT

This CENTER FOR HEALTH AND WELLNESS HEALTHCARE SERVICES AGREEMENT ("Agreement") is entered into by and between ST. VINCENT HOSPITAL D/B/A PREVEA HEALTH, a Wisconsin not-for-profit, non-stock corporation ("Prevea") and BROWN COUNTY ("County"). Prevea and County are hereinafter referred to individually as a "Party" and together as the "Parties". This Agreement shall be effective as of the date the last of the Parties executes this Agreement ("Effective Date").

### RECITALS

- A. Prevea is an integrated healthcare services delivery system that provides a wide range of healthcare related services, including wellness programs.
- B. County desires for Prevea to provide, and Prevea agrees to provide, certain Services (defined below) to Eligible Individuals (defined below) of County, subject to the terms and conditions set forth in this Agreement.

IN CONSIDERATION of the above Recitals and the mutual covenants contained in this Agreement, the Parties agree as follows:

### 1. SERVICES

1.1. Services. County hereby engages Prevea to provide to Eligible Individuals the health and wellness services within the scope of its capability, consistent with accepted standards of care, specifically limited to and identified on Schedule A attached to and incorporated as a part of this Agreement (collectively, the "Services" or individually, an "Individual Service"), on the terms and conditions set forth in this Agreement. The term "Eligible Individuals" shall mean the County's employees and, if desired by County, their dependents, as identified through a process mutually agreeable to the Parties. Services are subject to any limitations set forth in Schedule A to this Agreement for such Services.

### 2. PERSONNEL, SPACE, AND EQUIPMENT

- 2.1. <u>Personnel</u>. Prevea will retain and supervise the personnel that Prevea uses to carry out Prevea's responsibilities under this Agreement (the "Personnel").
  - (a) Prevea shall make available Personnel to provide the Services to the Eligible Individuals in accordance with the schedule and at the locations set forth on <u>Schedule A</u>. All Personnel shall be either employees or independent contractors (directly or indirectly) of Prevea.
  - (b) Prevea shall ensure that each of the Personnel performing the Services possesses the following qualifications (collectively, the "Qualifications") at all times during the term of this Agreement: (i) the education, skills training and experience necessary to perform the Services that each such individual is expected to perform; (ii) a current and unrestricted license, certificate or other approval as may be required by law to perform such Services, if applicable; (iii) to the extent applicable, membership in good

standing in the active category or, if appropriate, on the allied health or other similar category, of Prevea's medical staff; (iv) professional liability insurance as provided in this Agreement, if applicable; (v) satisfactory completion of a caregiver background check and any other screening required by applicable law or as reasonably required by County's policies; and (vi) the initial and continuing approval of County, which shall not be unreasonably withheld, conditioned or delayed.

- (c) If any individual Personnel fails to meet any or all of the Qualifications, Prevea shall immediately bar such individual from providing Services to the Eligible Individuals and shall immediately replace such individual with another individual who meets all of the Qualifications and who is acceptable to County. Upon request, Prevea shall provide County with written documentation of the Qualifications of all Personnel.
- (d) Prevea shall ensure that the Personnel perform the Services in accordance with generally accepted standards for their profession. Prevea shall ensure that it and all Personnel performing the Services: (i) provide the Services in accordance with applicable laws and regulations; (ii) comply with all applicable County policies and procedures; provided that such policies and procedures are made known to Prevea upon execution of this Agreement and, for any amendment, the amendment is made known to Prevea at least sixty (60) days before such amendment is effective; and (iii) do not act in any manner that could damage County's business or adversely affect the goodwill, reputation or business relationships of County with the public generally or with any of its clients, customers, employees, vendors or other persons having dealings with County.
- (e) Prevea acknowledges and agrees that it has an independent responsibility to provide professional medical services to patients who receive the Services and that any action taken by County pursuant to this Agreement or otherwise in no way absolves Prevea or the Personnel from the responsibility to provide professional services to patients to the extent required by applicable law. Nothing in this Agreement shall: (i) render County responsible for the manner by which Prevea and the Personnel render any services to any patient; or (ii) be construed to constitute an acknowledgement or an agreement that County is or may be liable for the professional malpractice of Prevea or the Personnel.
- Space. The Personnel will perform Services at the locations identified in Schedule A.

#### 3. REIMBURSEMENT TO PREVEA

3.1. Fees. County shall pay Prevea the compensation set forth on Schedule B of this Agreement (the "Fee Schedule") for Services provided to Eligible Individuals (the "Service Fees"). Prevea shall bill County monthly for all Services rendered under this Agreement during the preceding month in a form acceptable to County. The Service Fees will be due and payable within thirty (30) days of County's receipt of Prevea's invoice. County agrees and acknowledges that if County does not pay the Service Fees within forty-five (45) days of County's receipt of

ilc

Prevea's invoice, Prevea may charge County interest at a rate of 1.0% per month. Except as otherwise set forth in this Agreement, including the Schedules, or as otherwise agreed to by the Parties in writing from time to time, Prevea agrees that it shall accept payment for the Services only from County and that it shall not, and shall ensure that the Personnel do not, bill any patient or any other third party for the Services.

- 3.2. <u>Service Fee Adjustment</u>. County agrees that Prevea may amend the Fee Schedules once per year by providing County with an amended copy of the Fee Schedules; provided, however, that any such amendment shall not increase the fees in the Fee Schedules by more than five percent (5%) of the then-current amounts without County's prior written approval.
- 3.3. Clinic Space Fee. The Parties recognize that Prevea will be furnishing the Space (defined in Schedule A) and providing Services within it exclusively for the County during the operational hours set forth in Schedule A. Accordingly, the County shall pay Prevea a clinic space fee ("Clinic Space Fee") as described in Schedule B. The Clinic Space Fee shall be due and payable monthly, within thirty (30) days of County's receipt of Prevea's invoice. County agrees and acknowledges that if County does not pay the Clinic Space Fee within forty-five (45) days of County's receipt of Prevea's invoice, Prevea may charge County interest at a rate of 1.0% per month. County agrees that Prevea may amend the Clinic Space Fee pursuant to Section 3.2.
- 3.4. Patient Contributions. If County has elected to require its Eligible Individuals to pay a co-pay or access fee of any sort to receive Services through this Agreement ("Patient Contribution"), and Prevea has agreed to collect such Patient Contribution on behalf of County, Prevea shall collect such Patient Contribution from the Eligible Individuals on behalf of the County. The Parties agree that in lieu of remitting such Patient Contributions to the County, Prevea may subtract such Patient Contribution from the Service Fees that the County would otherwise owe to Prevea.

### 4. REPRESENTATION AND WARRANTY OF COUNTY

County represents and warrants to Prevea that it has the authority to enter into this Agreement and to perform its obligations hereunder. County further represents and warrants that neither the execution of this Agreement nor the consummation of the arrangement contemplated hereby, will result in a breach of, or constitute a default under, any agreement, contract or arrangement to which County is bound.

## 5. TERM AND TERMINATION OF AGREEMENT

- 5.1. General. This Agreement commences as of the Effective Date and will continue for an initial term of one (1) year unless otherwise terminated pursuant to this Agreement. Thereafter, this Agreement shall automatically renew for consecutive one-year periods, unless otherwise terminated pursuant to this Agreement.
- 5.2. <u>Termination for Breach</u>. Upon a material breach of a Party's obligations set forth in this Agreement, this Agreement may be terminated by the non-breaching Party upon thirty (30) days' prior written notice to the breaching Party; subject,

- however, to the breaching Party curing the breach to the reasonable satisfaction of the non-breaching Party within such thirty (30) day period.
- 5.3. <u>Immediate Termination</u>. This Agreement may be terminated by either Party upon written notice to the other Party if any of the following events occur:
  - (a) The other Party makes an assignment for the benefit of creditors, is the subject of a voluntary or involuntary petition for bankruptcy or is adjudicated to be insolvent or bankrupt, or a receiver or trustee is appointed for any portion of its property; or
  - (b) The loss, suspension or restriction of any license, permit, certificate or other approval required by law for the other Party to continue to perform its respective duties pursuant to this Agreement.
- 5.4. <u>Termination Due to Health or Safety</u>. County may terminate this Agreement immediately upon written notice to Prevea if County determines, in good faith, that any Personnel pose a threat to the health or safety of Eligible Individuals.
- 5.5. <u>Termination by Mutual Agreement</u>. This Agreement shall terminate upon the mutual written agreement of the Parties at the time specified by such agreement.
- 5.6. <u>Termination of Individual Service</u>. Any Individual Service may be terminated from <u>Schedule A</u> by, and under the terms of, the written consent of the Parties without terminating the Agreement with respect to other Services.
- 5.7. <u>Termination Without Cause</u>. This Agreement may be terminated by either Party for any reason upon sixty (60) days' prior written notice to the other Party.
- 5.8. <u>Effect of Termination</u>. Unless otherwise provided in this Agreement, upon termination, neither Party has any further obligations, except for: (i) obligations arising prior to the date of termination which remain unsatisfied as of the date of termination; and (ii) obligations or covenants which expressly or by their nature extend beyond the term of this Agreement. Termination of an Individual Service or Individual Services, under the terms of Section 5.6, does not affect the terms of this Agreement for those Individual Services which are not terminated. Sections 6 and 8.5 of this Agreement expressly survive termination of this Agreement.

### 6. RECORDS; CONFIDENTIALITY

- 6.1. Access to Information. To the extent required to perform their duties under this Agreement, each Party shall at all reasonable times and during normal business hours permit the other Party to have reasonable access to its documents, books, and records relating to this Agreement; provided that any and all access shall be subject to the requirements of all applicable laws and regulations.
- 6.2. <u>Business Records</u>. All business records and information relating exclusively to the business and activities of either Party (collectively, the "Confidential Information") are to be the property of that Party, irrespective of the identity of the Party responsible for producing or maintaining such records and information. During the term of this Agreement and for a period of two (2) years after

termination, a Party that receives Confidential Information from the other Party (the "Recipient") shall not use or disclose any Confidential Information, except as necessary to perform Recipient's obligations under this Agreement. Notwithstanding the foregoing, the use and disclosure restriction under this Section shall not apply to any Confidential Information that the Recipient can demonstrate by clear and convincing evidence: (a) at the time of use by or disclosure to Recipient, was known to the Recipient as evidenced by the Recipient's contemporaneous written records; (b) at the time of use by or disclosure to Recipient, was published or publicly known; (c) after use by or disclosure to Recipient, becomes published or publicly known other than a result of a breach of this Agreement by the Recipient; or (d) is disclosed to Recipient in good faith by a third party who is not under an obligation of confidence to the Party owning such Confidential Information at the time such disclosure is made. Either Party may disclose the other Party's Confidential Information to the extent required by applicable laws or regulations or judicial process. The Recipient shall return any Confidential Information belonging to the other Party immediately upon termination of this Agreement; provided, however, the Recipient may retain an archival copy for its proper management and administration or as necessary to carry out or satisfy its legal obligations and shall not be obligated to remove any Confidential Information integrated into its electronic systems.

6.3. <u>Records</u>. Prevea shall ensure that the Personnel appropriately document all Services rendered in accordance with all applicable laws and regulations. All such medical records are and shall remain the property of Prevea.

#### 7. COMPLIANCE WITH LAWS

- 7.1. Compliance with Laws; HIPAA Compliance. County and Prevea acknowledge that each have and shall retain independent obligations to comply with all applicable federal and state laws affecting their respective obligations under this Agreement, including any obligations that might arise under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other privacy laws, as may be amended or implemented from time to time. The Parties believe and intend that this Agreement will, when executed, comply with all relevant federal and state laws as well as relevant regulations and accreditation standards, including, but not limited to, Medicare fraud and abuse laws (including the Anti-Kickback Statute), the Stark Law and the principles of tax exemption as set forth in federal and state tax law, and all of the rules and regulations promulgated pursuant to, and all of the cases or opinions interpreting, such statutes and laws.
- 7.2. Ethical and Religious Directives. The Parties acknowledge that Prevea operates in accordance with the Ethical and Religious Directives for Catholic Healthcare Services as promulgated, from time to time, by the United States Conference of Catholic Bishops, Washington, D.C., of the Roman Catholic Church (the "Ethical and Religious Directives"), and that the principles and beliefs of the Roman Catholic Church are a matter of conscience to Prevea. It is the intent and agreement of the Parties that neither this Agreement nor any part of this Agreement shall be construed to require Prevea to violate the Ethical or Religious Directives in its operations and all parts of this Agreement must be interpreted in a manner that is consistent with the Ethical and Religious Directives.

# 8. GENERAL PROVISIONS

- Insurance. During this Agreement, Prevea shall maintain professional liability insurance coverage covering Prevea and all Personnel performing professional Services in minimum amounts required by applicable laws; provided, however, that to the extent any Personnel are subcontracted to perform Services, Prevea's obligations with respect to such Personnel's professional liability insurance coverage shall be limited to ensuring that professional liability insurance coverage covers such Personnel in minimum amounts required by applicable law and Prevea shall not be required to maintain such policy itself. In addition, Prevea shall maintain general liability coverage covering Prevea and all Personnel performing Services in minimum amounts of one million dollars (\$1,000,000) for each occurrence and three million dollars (\$3,000,000) per year in the aggregate or such greater amounts as are required by applicable laws. Such professional and general liability insurance policies shall include a reporting endorsement policy to cover the term of this Agreement if such insurance is a "claims-made" policy. Prevea shall carry workers' compensation insurance in accordance with statutory limitations covering Prevea's employees. Prevea must provide thirty (30) days' notice for any cancellation or material changes of its insurance policies required pursuant to this Section 8.1. Upon reasonable request, Prevea shall provide County with evidence of insurance meeting the foregoing obligations.
- 8.2. <u>Licenses, Permits, and Certificates</u>. Each Party shall obtain and maintain in full force and effect during the term of this Agreement any and all licenses, permits, and certificates required by law which are applicable to the performance of its respective duties pursuant to this Agreement.
- 8.3. Independent Contractor. Prevea is at all times acting as an independent contractor in the performance of its work, duties, and obligations arising under this Agreement, and nothing in this Agreement is intended nor must be construed to create between Prevea and County either an employer/employee, joint venture, landlord/tenant, or any other similar relationship. Prevea shall be solely responsible for the payment of the salaries of the Personnel, including withholding or payment of applicable taxes and any other withholding required by law or regulation, or if Prevea subcontracts for the Personnel, paying the employer of the Personnel. No agent, employee or representative of either Party shall be deemed to be an agent, employee or representative of the other Party. Neither Party shall have the authority to act for or on behalf of the other Party to bind the other Party without the express written approval of the other Party.
- 8.4. <u>Notices</u>. All notices, demands or other communications required or permitted to be given under this Agreement must be in writing and must be given to the Party for whom the notice is intended. Delivery is deemed provided upon presentation if delivered in person or three (3) days following deposit into U.S. Mail to:

If to Prevea:

2710 Executive Drive P.O. Box 19070

Green Bay, WI 54307-9070 Attn: President & CEO If to County: The address below the County's signature.

Either Party to this Agreement may change its address for purposes of this Section by giving written notice to the other Party in the manner specified in this Section.

#### 8.5. Indemnification.

- By Prevea. Prevea will indemnify, defend and hold harmless County and (a) its shareholders, directors, officers, employees, supervisors, agents, insurers, successors and assigns (in any case, a "County Indemnitee") for any and all claims, demands, suits, actions and proceedings, whether arising out of contract, tort, strict liability, misrepresentation, violation of applicable law or any cause whatsoever, whether threatened, pending or completed, brought against or involving any County Indemnitee (in any case, a "County Claim"), and any judgments, losses, debts, fines, penalties, damages, expenses or liabilities, including, without limitation, attorneys' fees paid or payable by any County Indemnitee ("Damages"), in connection with, relating to or arising out of the: (i) breach of this Agreement by Prevea; or (ii) any negligent act or omission of Prevea or any of Prevea's members, directors, officers, employees, affiliates, representatives, agents, successors or assigns in providing the Services. Notwithstanding the foregoing, Prevea shall not be required to indemnify or hold harmless any County Indemnitee for any County Claim or Damages to the extent determined by a court of competent jurisdiction to have resulted from any County Indemnitee's negligence or willful misconduct.
- (b) By County. County will indemnify, defend and hold harmless Prevea and shareholders, directors, officers, employees, agents, insurers, successors and assigns (in any case, a "Prevea Indemnitee") for any and all claims, demands, suits, actions and proceedings, whether arising out of contract, tort, strict liability, misrepresentation, violation of applicable law or any cause whatsoever, whether threatened, pending or completed, brought against or involving any Prevea Indemnitee (in any case, a "Prevea Claim"), and any Damages paid or payable by any Prevea Indemnitee, in connection with, relating to or arising out of: (i) the breach of this Agreement by County; or (ii) any negligent act or omission of County or County's members, directors, officers, employees, affiliates, representatives, agents, successors or assigns. Notwithstanding the foregoing, County shall not be required to indemnify or hold harmless any Prevea Indemnitee for any Prevea Claim or Damages to the extent determined by a court of competent jurisdiction to have resulted from any Prevea Indemnitee's negligence or willful misconduct.
- 8.6. <u>Amendment</u>. This Agreement and its Schedules may only be modified, amended, or added after the date of this Agreement by a written instrument executed by both Parties, except as otherwise provided in this Agreement.
- 8.7. <u>Severability</u>. In the event that any provision of this Agreement is held to be unenforceable for any reason, such provision shall be fully severable and the

- unenforceability thereof shall not affect the remainder of this Agreement, which shall remain in full force and effect in accordance with its terms.
- 8.8. <u>No Third-Party Beneficiary</u>. Except as specifically provided in this Agreement, none of the provisions contained herein are intended by the Parties, nor may they be deemed, to confer any benefit on any person not a Party to this Agreement.
- 8.9. Governing Law. This Agreement will be construed and interpreted in accordance with the laws of the State of Wisconsin, notwithstanding any conflict of laws provisions.
- 8.10. <u>Nondiscrimination</u>. Prevea shall not deny services to or otherwise discriminate against any person on grounds of race, color, national origin, disability or any other protected classification.
- 8.11. <u>Assignment</u>. Neither party may assign its rights or delegate its obligations under this Agreement without the prior written consent of the other Party. Notwithstanding the foregoing, Prevea may assign this Agreement without the prior written approval of County to an "affiliate" of Prevea. For purposes of this Agreement, "affiliate" shall mean any successor entity of Prevea, or any entity controlled by Prevea or Hospital Sisters Health System.
- 8.12. Waiver of Breach. The waiver by either Party of a breach or violation of any provision of this Agreement shall not operate as or be construed to be a waiver of any subsequent breach hereof.
- 8.13. Force Majeure. Either Party will be excused for failures, delays and suspension of performance of its respective obligations under this Agreement due to any cause beyond the control and without the fault of such Party, including without limitation, any act of God, war, terrorism, bio-terrorism, riot or insurrection, law or regulation, strike, flood, earthquake, water shortage, fire, explosion, pandemic or inability due to any of the aforementioned causes to obtain necessary labor, materials or facilities ("Force Majeure Event"). This provision will not, however, release such Party from using its best efforts to avoid or remove such cause and such Party will continue performance hereunder with the utmost dispatch whenever such causes are removed. Upon claiming any such excuse or delay for non-performance, such Party will give prompt written notice thereof to the other Party, provided that failure to give such notice will not in any way limit the operation of this provision. If a Force Majeure Event occurs, then Prevea and/or Brown County will have the option to immediately terminate this Agreement.
- 8.14. Entire Agreement. This Agreement, together with all Schedules attached hereto, supersedes all previous contracts, agreements or understandings between the Parties with respect to the same Services, and constitutes the entire agreement between the Parties with respect to the same Services. Neither Party shall be entitled to any benefits other than those enumerated in this Agreement.
- 8.15. <u>Authority</u>. The individuals signing below each warrant and represent that they have the power and the authority necessary to execute and fulfill this Agreement.

IN WITNESS WHEREOF, the Parties have signed this Agreement on the date as indicated below.

PREVEA: ST. VINCENT HOSPITAL D/B/A PREVEA HEALTH	COUNTY: BROWN COUNTY	
By: Ashok N. Rai, M.D. President & CEO	By: Name: Title:	
Date:	Date:	
	Address: 305 E. Walnut Street Green Bay, WI 54301 Attn:	

### Schedule A

## SCOPE OF SERVICES & OPERATIONS SCHEDULE

Services for children shall only be available for children six (6) months and up for acute illness and children seven (7) years and up for wellness and routine physicals.

<u>Scope of Services</u>. Prevea, through the Personnel, shall furnish the following Services to Eligible Individuals, as more specifically described below:

- APP Services. Prevea, through an advanced practice provider ("APP"), shall provide
  "APP Services" in the Facility (defined below) in accordance with the operational
  schedule set forth below. APP Services shall address common medical conditions, as
  well as certain health and wellness services. APP Services will include but not be limited
  to the following:
  - Well-child vaccinations for individuals age seven (7) and up: tetanus, diphtheria, pertussis, Hepatitis B, and influenza
  - Non-well child vaccinations for children age six (6) months and up, where appropriate
  - · Routine screenings of blood sugars, lipids, weight, and blood pressure
  - · Blood draws (phlebotomy)
  - · Rapid screen diagnostic tests for strep, pregnancy, and urine
  - · Routine diagnosis and treatment of non-trauma workplace and non-workplace injuries
  - Department of Transportation (DOT) examinations
  - Non-DOT drug and alcohol screening, including post-offer employment, postaccident, random, and reasonable suspicion testing
  - · Health Risk Appraisal assistance
  - · Early detection, treatment, and prevention
  - · Healthcare counseling
  - · Physical exams, including camp and school physicals
  - · DOT Drug and Alcohol Testing (to be considered when feasible)
  - · Chronic disease management
- MA/PSR Services at Center. Prevea, through a medical assistant ("Medical Assistant"), shall provide "MA/PSR Services" in the Space in accordance with the operational schedule below. MA/PSR Services shall include, but are not limited to, the following:
  - · Room patients
  - · Assist with office procedures
  - · Provide telephone advice to patients as directed
  - · Communicate with providers regarding patient calls
  - · Call in prescription refills as directed
  - · Act as a liaison for APPs
  - · Assist providers with scheduling
  - · Facilitate completion of forms (ex. W/C, insurance, etc. by the physicians)
  - · Blood draw (phlebotomy)
  - · Register patients within Epic
- Laboratory Services. Prevea shall furnish the laboratory services identified in <u>Schedule C ("Laboratory Services")</u> and the Immunization Services identified in <u>Schedule D</u>

("Immunization Services") to Eligible Individuals receiving Services in the Space. Laboratory Services not listed in <u>Schedule C</u> may also be furnished by Prevea as available and appropriate in connection with the Services performed by Prevea in the Space ("Additional Laboratory Services"). The actual testing for the Laboratory Services and Additional Laboratory Services may occur at laboratories off-site.

## Operations Schedule

Prevea shall provide the Services in space located in Prevea's Washington Street clinic at 102 N. Washington Street, Green Bay, WI 54301 (the "Space") according to the schedule set forth below (for clarity, the Space is only a portion of the building, designated by Prevea for performance of the Services under this Agreement). This schedule may be amended upon mutual written agreement of County and Prevea, provided that, Prevea shall use its best efforts to provide such Services for additional hours at County's request if necessary to meet the needs of the Eligible Individuals.

Day of Week	APP Services	MA/PSR Services
Monday Tuesday	Thirty (30) hours per week on days and times mutually agreed upon by the Parties.	These MA/PSR Services shall be available during the same hours as the APP Services
Wednesday		
Thursday		
Friday		

## Schedule B

# SERVICE FEES

County shall pay Prevea the following Service Fees:

- a. \$80.00 per hour for each APP present in the Space to provide APP Services.
- \$26.00 per hour for each Medical Assistant present in the Space to furnish the MA/PSR Services.
- c. Prevea's then current laboratory services fee schedule for health and wellness clients.
- d. Prevea's then current immunization services fee schedule for health and wellness clients.

# CLINIC SPACE FEE

County shall pay Prevea a Clinic Space Fee as follows: \$1,083.33 per month.



## Schedule C

# Prevea Lab Services

Test Name	CPT
AB Screen 86850	86850
ABO GROUP 86900	86900
Acetaminophen	G0480
ACTH	82024
Acylcarnitines	82017
Adrenal AB Screen 86255	86255
Adult Food Allergy Profile (\$4.87 each)	86003x10
Agent Detect OPT (SHIGA)	87899
Agent NOS assay w/optic	87899
ALBUMIN 82040	82040
Aldolase	82085
ALDOSTERONE 8208B	82088
Alk Phos Isoenz	84080
Alkaline Phosphatase	84075
ALMOND IGG 86001	86001
Alpha Fetoprotein	82105
Alpha-1 Antitrypsin Total	82103
ALT/SGPT 84460	84450
Amino Acid, Single, Quant 82131	82131
Amitriptyline	80335
Ammonia	82140
AMYLASE 82150	82150
Anaplasma and Erlichia Panel (Panel is CPT x 4 = \$120)	86666
Androstenedione	82157
Angiotensin 1 Enzyme 82164	82164
Anti-Nullerian Hormone	83520
Antibody West Nile Virus	86789
Antibody West Nile Virus IGM	86788
ANTINUCLEAR ANTIBODY ANA 86038	86038
ANTINUCLEAR ANTIBODY ANA CENTROMERE B	86038
ANTINUCLEAR ANTIBODY TITER 86039	86039
Antithrombin III	85300
Apolipoprotein Serum	82172
APTT	85730
ASO	86060
Aspergillus, Antibody	86606
AST/SGOT 84450	84450
B Cells TOT CNT	86355
Babesia (Test is CPT x 2 = \$65)	86753
Bacterium, Antibody	86609
Bartonella Screen AB	86611
BASIC METABOLIC PNL 80048 BMP	80048
BCR/ABL1 GENE MAJOR BP QUEST	81206
BCR/ABL1 GENE MINOR BP QUEST	81207
BEEF IGG	86001
BETA 2 Glyco AB 86146	86146
BETA 2 Microglobulin	82232
BICARBONATE 82374	82374
BILIRUBIN TOTAL 82247	82247
Biotin	84591
BLASTOMYCES AB	86612
BLOOD CREATININE 82565	82565
Blood Parasites	87207
BLOOD UREA NITROGEN-BUN 84520	84520
BMP w/ Ignized CA WH Blood	80047
BNP 83880	83880
Body Fluid Culture 87070	97070
Bordetella	86615
Bordetella pertussis/parapertussis DNA, Qual (provinciolal)	87798x2
Brucella AB	86622
C Pneumoniae AP-Tech	87486
C Pneumonias AP-Tech	87581
C REACTIVE PROTEIN 86140	86140
C REACTIVE PROTEIN HS 86141	86141
CA125 86304	86304
Cadmium, Blood	82300
Calcitonin	82308
CALCIUM 82310	82310
Calcium Ionized	82330
CALCIUM URINE 82340	82340
Calculus Analysis QN	82360
Calprotectin Fecal 83993	83993
CANDIDA IGA,IGG,IGN 86628x3 (Total price)	86628
CANDIDA, DNA, DIR PROBE	87480
	- W/ TOU

Test Name Catecholamine Fraction 82384	8238
CBC NO DIFF 85027	8502
CBC w MANUAL DIFF	8500
CBC WITH AUTO DIFF 85025	8502
CCP ANTIBODY 86200 CD Anti Gliadin	8620
CD Anti HU TGG IGA	8352
45.01	- Committee of the Comm
Celicept	8018
Ceruloplasmin	8239
CGTR Gene Analysis Common Variants	8122
CH50	8616
Chemiluminescent Assay	8239
CHLAMYDIA PCR	8749
CHLORIDE 82435	8243
Chloride Urine 24 hr	8243
CHOLESTEROL 82465	8246
Chromato QN SGL 6TGN 6MMPN RB 82542	8254
Clostridum Difficile	8749
CLT Typ IF EA Antiser (Chlam Trach)	8714
CMV	8749
CMV AB	8664
CMV AB IGM	8664
COMP METABOLIC PNL 80053 CMP	8005
Complement C3	8616
Complement C4	8616
Concentration Infect Agent	8701
Coambs Direct 86880	8688
Copper	B252
Cortisol Free	8253
	8253
Cortisol Total	
C-Peptide	8468
CPK 82550	8255
CPK, MB Fraction	8255
Creatinine; Other Source	8257
Cryaglobulin	8259
Cryptococal Antigen	8640
CRYPTOSPOR/GIARDIA AG, EIA	8732
Culture Fungus Blood	8710
Culture Fungus Skin/Hair/Nail	8710
CULTURE GENITAL 87070	8707
Culture Virus ID Tiss (Herpes)	8725
Culture Yeast/Fungus	8710
Culture, Anaerobic	8707
Culture, Anaerobic, w/ addn method	8707
Culture, Bacterial, Blood	8704
Culture TB/AFB Blood	8711
Culture Tissue Skin Biopsy	8823
Cyclosparin Trough	8015
Cystatin C	8261
Cystines, Urine	8261
D Dimer	8537
Detect Agent NO5, DNA, Quant	8779
Dexamethasone (Quantitative Assay, Drug)	8029
DHEA	8262
DHEA Sulfate	8262
Digoxin Levels	9016
Dihydrotestosterone	8032
DIRECT BILIRUBIN 82248	8224
DNA Antibody	8522
DNASE Antibody	8621
	G041
Drug Confirmation EA Proc 1-7 Classes	
Drug Screen Definitive Taxicology Urine	G048
Drug Screen Panel 4	8030
Drug Screen Panel 6	8030
Drug Screen Panel 9	8030
Drug Screen Panel 20	8030
Drug Screen Urine	8030
EBV	8666
EBV Nuclear AG	8666
EBV Viral Cap	8666
EIA QL Histoplasma AG (Urine)	8738
EIA QL MLT AG Inf (Blasto)	8744
EIA QL Rotavirus AG	8742
	8005

Carbon Monoxide	82375
Carcingembryonic Antigen	82378
Cardiolipin Antibody	86147
Camitine	82379
Carotene Erythropoletin	82380 82668
ESR	85651
Estradiol	82670
Estriol	82677
Estrogen Total	82672
Estrone	82679
F2 Gene Ani 20210G A Var	81240
FS Gene Anal Leiden Var	81241
Factor V Activity	85220
Factor VIII Antigen (part of VonWillibrand prof.) Factor VIII Assay (part of VonWillibrand prof.)	85245
Factor VIII Assay (part of Voluminiania prof.)	85240 85245
Factor Vw Multim Analy	85247
Factor X	85260
Fats Feces, Quantitative	82710
FOP / FSP Agguit SQ	85362
FERRITIN 82728	82728
Fetal Chromosomal Aneuploidy Genomic Sequence Analys	81420
Fibrinogen	85384
Fibrospect	83520
FLOW CYTOMETRY, CELL SURFACE, CYTO/NUC MARKER	88184
FLOW CYTOMETRY, CELL SURFACE, CYTO/NUC MARKER	88185
Flour AB Scr (HU AB 1FA)	86255
Flour AB Scr (Purkinje)	86255 86256
Fluor AB Titer (C ANCA) Fluorescent Antibody Screen	86255
FOLATE	82746
Folic Acid	82747
Fructosamine 82985	82985
PSH 83001	83001
FTA TREPONEMAL (Syphilis)	86780
Fungal Smear Skin/Hair (KOH)	87220
G6PD Quant	82955
GAD-65 AB (Aceyticholine Recpt AB)	83519
GAD-65 AB (Aceyticholine Recpt AB (BK))	83519
GAD-65 AB (Aceyticholine Recpt AB (MD))	83519
GAD-65, IA-2 and insulin antibody Gammaglobulin IGE	Misc 82785
Gammaglobulin Total (IGA)	82784
GARDNER VAG, DNA, DIR PROBE	87510
GARLIC IGG 86001	86001
Gastrin	82941
GC PCR	87591
GENERAL HEALTH PANEL 80050	80050
GGTP 82977	82977
GI Enteric Pathogen Panel 3-5 Targets	87505
GI Enteric Pathogen Panel 6-8 Targets	87506
GI Enteric Pathogen Panel 9-11 Targets Glucopon	87506
GLUCOSE B2947	82943 82947
Glucose Blood Monitor Device	82962
GLUCOSE SCREEN 82950	82950
Glucose Tolerance	82951
Glucose Tolerance Addi Spec	82952
GM1 Ganglioside Autoantibodies	83520
Goat Milk IGE 86003	86003
Gram Stain	87205
Gross & Micro Level IV	88305
GROUP A STREP CULTURE 87081 Growth Hormone, HGH	87081
H. PYLORI 86677	83003 86677
H. Pylori Antiges, EIA, stool	87338
H. PYLORI BREATH TEST	83013
Haemophilus Influenza Antibody	86684
Haptoglobin 83010	83010
HC HTLV I/II AB	86790
HC [MMATURE PLATELET FRACTION	85055
HCG QUANTITATIVE 84702	84702
HDL-CHOLESTEROL 83718	83718
Heavy Metals, Blood (includes arsenic)	82175
Heavy Metals Screen, Quant	83018
HEMATOCRIT 85014	85014
HEMOGLOBIN 85018 HEMOGLOBINOPATHY EVALUATION	85018 83021
Hep A AB Total	86708
	22700

ENA AB	86235
ENA AB (201)	86235
Enzyme ACT Nonrad Subs	82657
Enzyme Immunoassay (EtA)	87329
HEPATITIS C 86803	86803
HEPATITIS C QN 87522	87522
HEPATITIS PANEL 80074	80074
HETEROPHILE AB 86308 MONO SCREEN	86308
HFE Gene Analysis Common Variant	81256
HGB A1C 83036 Histamine	83036
HISTOPLASMA AB	83088 86698
HIV CONFIRMATION 86689	86589
HIV-1 AG w/HIV-1 & HIV-2 AB	87389
HIV-1, RNA, QNT 87536	87536
HIV-1/HIV-2 AB SCREEN 86703	86703
HLA Typing Single A/B/C	86812
Hamocysteine	83090
HPV AMP	87621
HPV Genotype 16 18/45	87625
HPV HR Genotypes	87624
H5V	86595
HSV	86696
HSV, DNA, AMP Probe	87529
HSV, DNA, Quant (HSV1 and HSV2); Will be billed 2 per pt	87530
Hydraxprogesterone 17D	83498
Hydroxyindolacet 5 (HIAA)	83497
IAAD IA SHIGA-LI	87427
IADNA S. AUREUS METHICILLIN RESISTANT AMP PRB TQ	87541 81479
IBD Screen IF Direct	88346
IF Direct / Indirect (Ref)	88346
IF InDirect	88347
IF Polyvalent MLT ORG AG	87300
(GG Subclass 1-3	82787
Emmature Platelet Fraction	85055
Emmuno QL	83516
Immuna QL/SQ MLT	83516
Immunoassay QN Protein	83520
Immunoassay QN Other	83520
Immunoassay, RIA, NOS	83520
Immunodiffusion Ouchterlony	86331
Immunofix Electro OTH	86335
Immunofixation	86334
Infect MLT ORG AMP Staph	
	87801
INFECTIOUS AGENT, NUCLEIC ACID	87660
INFECTIOUS AGENT, NUCLEIC ACID INFLUENZA A & B 87400	87660 87400
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804	87660 87400 87804
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A	87660 87400 87804 86336
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB	87660 87400 87804 86336 86337
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free	87660 87400 87804 86336 86337 83527
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB	87660 87400 87904 86336 86337 83527 86340
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine	87660 87400 87804 86336 86337 83527
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB	87660 87400 87904 86336 86337 83527 86340 83789
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin AB Insulin Free Intrinsic Factor AB IEGON & IBC. (IRON SAT PANEL) 83540, 83550	87660 87400 87804 86336 86337 83527 86340 83789 8350 83550 300370
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin AB Insulin Free Intrinsic Factor AB IERON & IBC. (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERUM 83540	87660 87400 87904 86336 86337 83527 86340 83789 834078350 300370 83540
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 8 7400 INFLUENZA A & B 9 7400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON ERUM 83540 Isleet Cell AB	87660 87400 87804 86336 86337 83527 86340 83789 8350 83550 300370
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B 87400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERUM 83540 ISEC Cell ARIBODY Screen w/reflex to titer	87660 87400 87904 86336 86337 83527 86340 83789 83409359 93550 300370 83540 83540 83641 Misc
INPECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B 97400 Inhibin A Insulin AB Insulin AB Insulin Free Intrinsic Factor AB Iddine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SETURATION Panel IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell AB Islet Cell ABION SCREEN W/reflex to ther JAK2 Gene Analysis	87660 87400 87904 86336 86337 83527 86340 83789 834409359 93550 300370 83540 86341 Misc 81220
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B 87400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERVIN 83540 Islet Cell ARI Islet Cell ARI	87660 87400 87904 86336 86337 83527 86340 83789 434404399 83550 300370 83540 86341 Misc 81270
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B 87400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERUM 83540 Istet Cell AB Istet Cell ARIbody Screen w/reflex to titer JAK2 Gene Analysis Keppra Lactate/Lactic Acid	87660 87600 87804 86336 86337 83527 86340 83789 4340743550 300370 83540 86341 Misc 81270 80177 83605
INPECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin AB Insulin Free Intrinsic Factor AB IEGON & IBC. (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell AB Islet Cell AB Islet Cell Anibody Screen w/reflex to titer IAK2 Gene Analysis Keppra Lactate/Lactic Acid Lamotrigine	87-660 87-900 87-904 86336 86337 85340 83789 83590 83590 83590 8350 8350 8350 8350 8350 8350 8350 835
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B B 87400 INFLUENZA A & B B 77400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERUM 83540 Islet Cell AB Islet Cell ARIBODY Screen w/reflex to ther JAK2 Gene Analysis Keppra Lactate/Lactic Acid Lamotrigine Loth 83615	87660 87400 87904 86336 86337 86340 83789 835400 83550 300370 83540 83540 80177 83605 80177 83605 80175
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Indine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SERUM 83540 Jaiet Cell AB Isate Cell Aribbody Screen w/reflex to titer JAK2 Gene Analysis Keppra Lactate/Lactic Acid Lamodrigine LDH 83615 LDH 186615	87660 87400 87904 86336 86337 86340 83789 83527 83527 83527 83540 83550 300370 86341 Misc 81270 80177 83605 80175 83615 80175
INPECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iddon B IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell AB Islet Cell Analysis Keppra Lactate/Lactic Acid Lambrigine LDH 183615 LDH Issentymes LDH LISSENTYMES	87-660 87-900 87-904 86336 86337 85340 83789 83550 300370 83540 8350 803540 81270 80177 81270 80175 83615 83615 83615
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B 87400 INFLUENZA A & B 87400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERUM 83540 Istet Cell AB Istet Cell Antibody Screen w/reflex to titer JAX2 Gene Analysis Keppra Lectale/Lactic Acid Lamodrigine LDH 83615 LDH Isoencymes LDL DIRECT MEASURE 83721 LEAD 83655	87660 87400 87904 86336 86337 86340 83789 83527 83527 83527 83503 80370 836341 Misc 81270 80177 83605 80175 83615 83615 83625 83721 83655
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Indine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell Arhibody Screen w/reflex to titer JAK2 Gene Analysis Keppra Lotaler/Lactic Acid Lamodrigine LOH 83615 LOH Soenzymes LOL DIRECT MEASURE 83721 LEAD 83655 LEAD 8	87660 87400 86336 86336 86337 86340 83789 83580
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Instrinsic Pactor AB Iddine IRON & IBC. (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 Iron Saturation Panel IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell Anibody Screen w/reflex to titer IAK2 Gene Analysis Keppra Lactate/Lactic Acid Lamotrigine LDH 150errymes LDL DIRECT MEASURE 83721 LEAD 83655 LEUKA AB ID (Myelo) Leukocyte/WBC Count, Auto	87-660 87-900 87-904 86336 86337 85340 83789 83590 303370 83590 83540 83540 81270 80177 83605 80175 83615 83615 83615 83615 83615 83615 83615 83615 83615 83615 83615 83615
INFECTIOUS AGENT.NUCLEIC ACID INFILUENZA A & B 87400 INFILUENZA A & B 87400 INFILUENZA A & B 87400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SATURATION PANEL IRON SERUM 83540 Istet Cell AB Istet Cell Antibody Screen w/reflex to titer JAK2 Gene Analysis Keppra Lactate/Lactic Acid Lamotrigine LDH 83615 LDH Isoencymes LDL DIRECT MEASURE 83721 LEAD 83655 Leuko AB ID (Myelo) Leukocyte/WBC Count, Auto	87660 87400 87904 86336 86337 86340 83789 83550 300370 83550 80350 86341 Misc 81270 80177 83605 80175 83615 83615 83615 83625 83621 83655 86021 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85048 85058 85048 85058
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Instrinsic Pactor AB Iddine IRON & IBC. (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 Iron Saturation Panel IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell Anibody Screen w/reflex to titer IAK2 Gene Analysis Keppra Lactate/Lactic Acid Lamotrigine LDH 150errymes LDL DIRECT MEASURE 83721 LEAD 83655 LEUKA AB ID (Myelo) Leukocyte/WBC Count, Auto	87-660 87-900 87-904 86336 86337 85340 83789 83590 303370 83590 83540 83540 81270 80177 83605 80175 83615 83615 83615 83615 83615 83615 83615 83615 83615 83615 83615 83615
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Indine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell ARIBOdy Screen w/reflex to titer JAK2 Gene Analysis Keppra Lot Dascit Aribody Screen w/reflex to titer JAK2 Gene Analysis Lot Dascit Aribody Screen w/reflex to titer JAK2 Gene Analysis Lot Discorprise	87660 87400 86336 86337 86337 86340 83378 83580
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Indine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SATERIAM 83540 Islet Cell AB Islet Cell AB Islet Cell ARIBOdy Screen w/reflex to tker JAK2 Gene Analysis Keppra Lectaler/Lactic Acid Lamotrigine LDH 33615 LDH Isoencymes LDL DIRECT MEASURE 83721 LEAD 83655 LEURO AB ID (Myelo) Leukocyte/WBC Count, Auto LIPASE 83690 LIPLO PANEL 80061 Lipoprotein Lipoprotein Fractionation Ultracentrifugation Lipippopotein Fractionation Ultracentrifugation	87660 87400 87904 86336 86337 86337 83527 83527 83520 83550 903540 86341 MISC 80177 83605 80175 83615 83615 83655 83690 83690 83690 83695
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B B 37400 INFLUENZA A & B B 77400 INFLUENZA A & B B 77400 INFLUENZA A & B B 77400 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON SERUM 83540 ISINO SERUM 83540 Isitet Cell AB Isitet Cell Antibody Screen w/reflex to titer IAX2 Gene Analysis Keppra Lactate/Lactic Acid Lamotrigine LDH 83615 LDH Isoenzymes LDD INECT MEASURE 83721 LEAD 83655 Leuko AB ID (Myelo) Leukocyte/MBC Count, Auto LIPASE 83690 LIPID PANEL 80061 Lipoprotein Lipoprotein Lipoprotein Lipoprotein	87660 87900 87904 86336 86337 86340 83789 83550 300370 83550 86341 Misc 81270 80177 83605 80177 83605 80173 83634 83635 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365 8365
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Instrinsic Factor AB Indine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SEQUE 83540 Islet Cell AB Islet Cell ANIBOdy Screen w/reflex to titer JAX2 Gene Analysis Keppra Lactate/Lactic Acid Lamor/igine LDL DIRECT MEASURE 83721 LEAD 83655 LEURA AB ID (Nyelo) Leukocyte/WBC Count, Auto LIPASE 83590 LIPID PANEL 80061 Lipogrotein Fractionation Ultracentrifugation Lititum LP Fracta ION Mobility Luterinking Hormone	87660 87900 87904 86336 86337 86340 83789 83557 83550 300370 83550 80377 836340 8120 80177 83655 80177 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83655 80173 83721 8
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SATURATION Panel IRON SERUM 83540 Islet Cell ANIBODY Screen w/reflex to titer JAK2 Gene Analysis Keppra Lectaler/Lactic Acid Lamotrigine LDH 33615 LDH Isoencymes LDL DIRECT MEASURE 83721 LEAD 83655 LEUKO AB ID (Myelo) Leukocyte/WBC Count, Auto LIPASE 83690 LIPID PANEL 80061 Lipoprotein Lipoprotein Fractionation Ultracentrifugation Lithium LIP Fracta ION Mobility Lutelnizing Hormone	87660 87900 87904 86336 86337 86336 86337 86340 83550 83580 83550 83540 86341 Misc 81270 80177 83605 80175 83615 83621 83621 83695 86021 85048 83695 80061 83095
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin AB Insulin Free Inbrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 Iron Saturation Panel IRON SERUM 83540 Islet Cell AB Islet Cell AB Islet Cell Analysis Keppra Lactale/Lactic Acid Lamotrigine LDH 83615 LDH Issemzymes LDL DIRECT MEASURE 83721 LEAD 83655 Leuko AB ID (Nyelo) Leukocyte/WBC Count, Auto LIPASE 83690 LIPID PANEL 80061 Lipogrotein	87660 87900 87904 86336 86337 85340 83789 83550 303370 83540 83550 83540 83550 83541 Misc 80177 83605 80173 83615 83721 83625 83721 83655 86021 83690 80061 83695 80078 80178 80
INFECTIOUS AGENT.NUCLEIC ACID INFLUENZA A & B 87400 INFLUENZA A & B PCR 87804 Inhibin A Insulin AB Insulin Free Intrinsic Factor AB Iodine IRON & IBC (IRON SAT PANEL) 83540, 83550 IRON BINDING 83550 IRON BINDING 83550 IRON BINDING 83550 IRON SATURATION Panel IRON SERUM 83540 Islet Cell ANIBODY Screen w/reflex to titer JAK2 Gene Analysis Keppra Lectaler/Lactic Acid Lamotrigine LDH 33615 LDH Isoencymes LDL DIRECT MEASURE 83721 LEAD 83655 LEUKO AB ID (Myelo) Leukocyte/WBC Count, Auto LIPASE 83690 LIPID PANEL 80061 Lipoprotein Lipoprotein Fractionation Ultracentrifugation Lithium LIP Fracta ION Mobility Lutelnizing Hormone	87660 87900 87904 86336 86337 86336 86337 86340 83550 83580 83550 83540 86341 Misc 81270 80177 83605 80175 83615 83621 83621 83695 86021 85048 83695 80061 83095

HEP 8 CORE IGM 66705   85705     HEP ATTIC PANEL 80076   80076     HEP ATTIC PANEL 80076   86709   86704     HEP ATTITS B CORE ATB 86704   85704     HEP ATTITS B CORE ATB 86704   85704     HEP ATTITS B SURFACE AG 87340   97341     HEP ATTITS B SURFACE AG RESTAGE   873517     HEP ATTITS B SURFACE AG RESTAGE   87341     HEP ATTITS B SURFACE AG Neutralization   97341     HEP ATTITS B SURFACE AG Neutralization   97341     HEP ATTITS B SURFACE AG Neutralization   97341     HEP ATTITS B SURFACE AG NEUTRALIZATION   87350     HOPATH FOR LZ   81401     MOPET AGE	0.005 1011 0.0005	*****
HEPATTITS A JGM 85709   85709   85709   HEPATTITS B CORE ATB 86704   85705   85705	HEP B CORE IGM 86705	86705
HEPATITIS A IGM 86709		86707
HEPATITIS A IGM 86709	HEPATIC PANEL 80076	80076
HEPATITIS B CORE ATB 86704   95704   197517   197340   197340   197340   197340   197340   197340   197340   197340   197341   1973415 B SURFACE AG 87340   197340   197341   1973415 B SURFACE ATB 86706   86706   86706   86706   197341		
Hepatible B QN (PCR)		85704
### ### ### ### ### ### ### ### ### ##		
HEPATITIS B SURFACE ACT Neutralization		
HEPATITIS B SUBFACE ATB 86706 Hepatitis BE AG QL MODETH Proc LZ 31401 MTHER Gene BC 81291 MYCOPISSON Nycophenolic Acid Mycopissma My		
Hepatitis BE AG QL   87350   80735   81401   81291		
MODBIT Proc LZ		
NTHER Gene BC 81291   81291		
MUMPS ANTIBODY 86735   96735   96736   Nycophenalic Acid   90180   87109   Mycoplasma AB   96738   96737   9		81401
MUMPS ANTIBODY 86735   96735   96736   Nycophenalic Acid   90180   87109   Mycoplasma AB   96738   96737   9	MTHFR Gene BC 81291	81291
Mycoplasma AB   87109   Mycoplasma AB   86738   Mycoplasma AB   86252   Mycoplasma AB   86262   Myco		86735
Nycoplasma		
Mycoplasma AB		
Myzgiphin   83874   N-Telpeptide, Serum   02523   N-Telpeptide, Serum   02523   Nasal Smear for Eosinophils   09190   Natural Killer Cells TOT CAT   96357   Nephelometry EA Analyte   83883   NICOTINE & METABOLITES 83887/G0480   8887/60480   Nicotine w/metabolite   0933   Nicotine w/metabolite   0933   Nucleotidase   83915   0367   03		
N-Telpeptide, Serum   82523   89190		
Nasal Smeer for Eosinophils   99190	Myaglobin	83874
Natural Killer Cells TOT CATT         96357           Nephelometry EA Analyte         83883           NICOTINE & METABOLITES 83887/G0480         #886706480           NICOTINE & METABOLITES 83887/G0480         #886706480           Nicotine w/metabolite         60323           Nucleotidase         83915           OBSTACOR & Series RESEARCH         80055           Occult Blood Fecal Screen 82270         82270           Occult Blood Fecal Immuno         82274           Organic Acids QO         63918           Organic Acids QO         63918           Osmolality Unine         83930           Osmolality Unine         83931           Osmolality Unine         83931           Osmolality Unine         83933           Osmolality Unine         83933           Osmolality Unine         83933           PARAPORTIST ANALY (GOLIZE)         87177           PARAPORTIST (GOLIZE)         87177           PARAPORTIST (ANALY (GOLIZE)         83936           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83519         835219<	N-Telpeptide, Serum	82523
Natural Killer Cells TOT CATT         96357           Nephelometry EA Analyte         83883           NICOTINE & METABOLITES 83887/G0480         #886706480           NICOTINE & METABOLITES 83887/G0480         #886706480           Nicotine w/metabolite         60323           Nucleotidase         83915           OBSTACOR & Series RESEARCH         80055           Occult Blood Fecal Screen 82270         82270           Occult Blood Fecal Immuno         82274           Organic Acids QO         63918           Organic Acids QO         63918           Osmolality Unine         83930           Osmolality Unine         83931           Osmolality Unine         83931           Osmolality Unine         83933           Osmolality Unine         83933           Osmolality Unine         83933           PARAPORTIST ANALY (GOLIZE)         87177           PARAPORTIST (GOLIZE)         87177           PARAPORTIST (ANALY (GOLIZE)         83936           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83519         835219<	Nasal Smear for Eosinophils	89190
NEOPHORM   SAME   SAM		86357
NICOTTINE & METABOLITES 83887/G0480   838780490   NICODITE w/metabolite   83915   83915   83915   83915   83915   83915   83915   83915   83915   83915   83915   83915   83915   83916   83918   83916   82270   82290   82		
Nicobine w/metabolike		
Nucleotidase		
O&P Conc & Smear (ref lab-combo)         87784780           Obstetrics Panel         8005           Occut Blood Fecal Screen 82270         82270           Occut Blood Fecal Jumuno         82274           Organic Acids QO         83918           Organic Acids QO         83918           Osmodality Urine         83930           OSWA B Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Pertursities Antibodies 83620         86747           Pertursities Antibodies 83620         86747 <td></td> <td></td>		
Desiretrics Panel		
Occult Blood Fecal Screen 82270         82270           Occult Blood Fecal Immuno         82274           Organic Acids QD         83918           ORGANISM ID-AEROBIC 87077         87077           Osmofality Blood         83930           Osmofality Urine         83931           OWA & Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83520         8520           Perrovirus Antibody         86747           PERTUSSIS DY PCR 87798 x 3         87798           PERTUSSIS CULTURE 87205         87265           PERTUSSIS PCR         83898           PH Urine PDM         83996           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80185           PHOSPHORUS BLOOD 84100         94100           PHOSPHORUS BLOOD 84100         94100           Platelet Assoc AB ID IGG         86023           Platelet Counk         95049           POTASSIUM BLOOD 8	O&P Conc & Smear (ref lab-combo)	0747487209
Occult Blood Fecal Screen 82270         82270           Occult Blood Fecal Immuno         82274           Organic Acids QD         83918           ORGANISM ID-AEROBIC 87077         87077           Osmofality Blood         83930           Osmofality Urine         83931           OWA & Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83520         8520           Perrovirus Antibody         86747           PERTUSSIS DY PCR 87798 x 3         87798           PERTUSSIS CULTURE 87205         87265           PERTUSSIS PCR         83898           PH Urine PDM         83996           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80185           PHOSPHORUS BLOOD 84100         94100           PHOSPHORUS BLOOD 84100         94100           Platelet Assoc AB ID IGG         86023           Platelet Counk         95049           POTASSIUM BLOOD 8	Obstetrics Panel	80055
Occus Blood Fecal, Immuno         82274           Organic Acids QO         83918           Organic Acids QO         83918           Organic Acids QO         83930           Osmodality Urine         83930           OSM & Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Perturn St.		
Organic Acids QD         83918           ORGANISM ID-AEROBIC 67077         B7077           Osmodality Blood         83930           Osmodality Unine         83930           Ovandality Unine         83930           OVA & Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         96255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83519           Paraneoplastic Antibodies with Reflux 83520         8520           Paraneoplastic Antibodies with Reflux 83520         83519           Paraneoplastic Antibodies with Reflux 83520         86747           Paraneoplastic Antibodies with Reflux 83520         8520           Paraneoplastic Antibodies with Reflux 83520         86747           Paraneoplastic Antibodies with Reflux 83520         8520           Paraneoplastic Antibodies with Reflux 83520         8520           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83520         83898           Phosphare Antibodies wit		
ORGANISM ID-AEROBIC 87077         87077           Osmobality Blood         83930           Own Mobility Urine         83931           OVA & Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 8255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paravovirus Antibody         86747           PERTUSSIS DY PCR 87798 x 3         87798           PERTUSSIS DY PCR 87798 x 3         87265           PERTUSSIS PCR         83898           PH Urine PDM         83996           PH Urine PDM         83996           PHenobarbital         80184           Phenobarbital         80184           Phenobarbital         80185           PHOSPHORUS BLOOD 84100         94100           Pilatelet Count         85049           POTASSIUM BLOOD 84132 K         84132           Potassium Urine         94132           Potassium Urine         94133           Potassium Urine         94134           Pragnenolome         94144           Pragnenolome         94144           Pragnen		
Osmotality Blood		
Osmobility Unine         83935           OVA & Parasite Smear/Conc/ID         87177           PAP SCREEN 88142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         96255           Peraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibody         83520           PERTUSSIS DUTURE 87265         87265           PERTUSSIS PCR         83898           PERTUSSIS PCR         83898           PERTUSSIS PCR         83898           PERTUSSIS PCR         83898           Pertussis PDM         80184           Pherobarbital         80184           Pherobarbital         80184           Pherobarbital         80184           Phespharbital         80185           Phespharbital         80184           Phespharbital         80186		
OVA & Parasite Smear/Conc/ID         87177           PAP SCREEN 86142 (G0123)         88142           Paraneoplastic Antibodies with Reflux 86255         86255           Paraneoplastic Antibodies with Reflux 83519         83519           Paraneoplastic Antibodies with Reflux 83520         83520           Paraneoplastic Antibodies with Reflux 83520         86747           Perrovirus Antibody         86747           Perrovirus Antibody         86747           PerrusSIS DY PCR 87798 x 3         87265           PERTUSSIS CULTURE 87265         87265           PH Uniting PDM         83986           PH Uniting PDM         83986           PH Uniting PDM         83986           PHOSPHORUS 8L00D 84100         94100           PHOSPHORUS 8L00D 84100         94100           Platet Count         85049           Polassium Uniting Polymerase III RNA Antibody         83520           POYMERASE III RNA Antibody         83520           POYMERASE III RNA Antibody         8352		
PAP SCREEN 88142 (00123)   88142	Osmolality Urine	83935
PAP SCREEN 88142 (00123)   88142	OVA & Parasite Smear/Conc/ID	87177
Paraneoplastic Antibodies with Reflux 86255   86255   Paraneoplastic Antibodies with Reflux 83519   83519   83519   83520   Paraneoplastic Antibodies with Reflux 83520   83520   Paraneoplastic Antibodies with Reflux 83520   83520   Paraneoplastic Antibodies with Reflux 83520   86747   86747   86747   86747   87798		
Parameoplastic Antibodies with Reflux 83519         83519           Parameoplastic Antibodies with Reflux 83520         83520           Parameoplastic Antibodies with Reflux 83520         83520           Parameoplastic Antibodies with Reflux 83520         86747           Perrussis SP CR         87288           PERTUSSIS BY PCR 87798 x 3         87798           PERTUSSIS CULTURE 87265         87265           PERTUSSIS PCR         83898           PH Unite PDM         83998           PH Unite PDM         83998           Phenobarbital         80184           Phenobarbital         80185           Phenobarbital         80184           Pheophoric Selection         84100           Phosphorus BLOOD 84100         94100           Phosphorus BLOOD 84100         94100           Platlet Count         85049           Polassium Blade         86023           Platlet Count         85049           Polassium Blade         83520           POTASSIUM BLOOD 84132 K         64132           Polassium Urine         84133           Potassium Urine         84133           Pragnenolom         84140           Pragnenolome         84140           Pragnenolome <td></td> <td></td>		
Parameoplastic Antibodies with Reflux 83520         83520           Parvovirus Antibody         86747           PERTUSSIS BY PCR 87798 x 3         87796           PERTUSSIS CULTURE 87205         87265           PERTUSSIS PCR         83898           PH Urine PDM         83996           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80184           PhosphorRus BLOOD 84100         84100           Pinworm Exam         87172           Platelet Assoc AB ID IGG         36023           Platelet Counk         85049           Polymarase III RNA Antibody         83520           Polymarase III RNA Antibody         83520           Portassitum Urine         84132           Prealbumin         84133           Prealbumin         84133           Pregnenolome         84140           Prognenolome         84140           Prognenolome         84144           Prognenolome         84144           Prognenolome         84144           Prognenolome         84144           Prognenolome         84144           Prognenolome         84144           Prognenolome <t< td=""><td></td><td></td></t<>		
Partovirus Antibody		
PERTUSSIS BY PCR 87798 x 3   87798		
PERTUSSIS CULTURE 87205         87265           PERTUSSIS PCR         83898           PH Urine PDM         83996           Phenobarbital         80184           Phenobarbital         80184           PhosphoRuS BLOOD 84100         94100           Pinworm Exam         87172           Platelet Assoc AB ID IGG         86023           Platelet Assoc AB ID IGG         86023           Polymarase III RNA Ambbody         83520           Portassilvin BLOOD 84132 K         84132           Potassilvin Urine         84133           Pregalbumin         84134           Preg REG SCREEN SERUM 84703         84703           PREG TEST URINE 81025         81025           Pregalenoilone         84144           Progaelitonin         84145           Progaelitonin         84145           Progaelitonin         84144           Prosesterione         84144           Prosesterione         84144           Prosesterione         84144           Prosesterione         84144           Prosesterione         84144           Prosesterione         84144           Prometheus IBD Test (Immunofluor per Spec)         88350           Promet	Parvovirus Antibody	86747
PERTUSSIS PCR         83898           PH Urlina PDM         83986           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80185           PHOSPHORUS BLOOD 84100         84100           Pinworm Exam         87172           Platlet Count         85023           Polateit Assoc AB ID IGG         36023           Polateit Count         85049           Polymarase III RNA Ambbody         83520           POTASSIUM BLOOD 84132 K         94132           Potassium Urine         84133           Prealburnin         84133           PREG TEST URINE 81025         81025           Pregnenolone         94140           Progesterone         94144           Progesterone         84144           Progesterone         94144           Progesterone         94144           Prometheus IBD Test (Immunofluor per Spec)         88350           Prometheus Tpmt Enzyme         942850           Prometheus Tpmt Enzyme         942850           Protein C Activity         85303           Protein D C Activity         85303           Protein S Free <td>PERTUSSIS BY PCR 87798 x 3</td> <td>87798</td>	PERTUSSIS BY PCR 87798 x 3	87798
PERTUSSIS PCR         83898           PH Urlina PDM         83986           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80184           Phenobarbital         80185           PHOSPHORUS BLOOD 84100         84100           Pinworm Exam         87172           Platlet Count         85023           Polateit Assoc AB ID IGG         36023           Polateit Count         85049           Polymarase III RNA Ambbody         83520           POTASSIUM BLOOD 84132 K         94132           Potassium Urine         84133           Prealburnin         84133           PREG TEST URINE 81025         81025           Pregnenolone         94140           Progesterone         94144           Progesterone         84144           Progesterone         94144           Progesterone         94144           Prometheus IBD Test (Immunofluor per Spec)         88350           Prometheus Tpmt Enzyme         942850           Prometheus Tpmt Enzyme         942850           Protein C Activity         85303           Protein D C Activity         85303           Protein S Free <td>PERTUSSIS CULTURE 87265</td> <td>87265</td>	PERTUSSIS CULTURE 87265	87265
PH Urine PDM		
Phenobarbital   80184		
Phenytoin Total   90.185		
PHOSPHORUS BLOOD 84100   94100   94100   91000FPINNOVITE EXEMP   87172   971		
Pinwerm Exam   87172     Platelet Assoc AB ID IGG   86023     Platelet Count   85049     Polymerase [IJ RNA Antibody   83520     Polymerase [IJ RNA Antibody   84132     Potassium Urine   84133     Prealbumin   84134     Prealbumin   84134     Prealbumin   84134     Prealbumin   84134     PREG SCREEN SERUM 84703   84703     PREG SCREEN SERUM 84703   84703     PREG TEST URINE 81025   81025     Pregnenolone   84144     Progesterone   84144     Progesterone   84144     Progesterone   84144     Prometheus IBD Test (Immunofluor per Spec)   88350     Prometheus IBD Test (Immunofluor per Spec)   88350     Prometheus IBD Test (Immunofluor per Spec)   84153     Protein C Activity   85303     Protein Protein Fluid   84156     Protein Protein Fluid   84156     Protein Protein Fluid   84156     Protein ToTAL 84155   84155     Protein ToTAL 84155   84155     Protein Western Biot Test   84181     PROTHROMBIN 85610 PY/INR   85610     PSA Free   84154     Prit Substitute   85732     Pyruvate   84200     QUAD SCREEN - Multiple CPT Codes     QUAD SCREEN - Multiple CPT Codes     QUADNT 86431   86430     Rables Tier   86362     Random Urine for Porphobilinoge   84110     Random Urine for Porphobilinoge   84100     Random Urine for Porphobilinoge   84100     Random Urine for Porphobilinoge   84100     Random Urine for Porphobilinoge   84100		80185
Platelet Assoc AB ID IGG	PHOSPHORUS BLOOD 84100	84100
Platlet count	Pinworm Exam	87172
Platlet count	Platelet Assoc AB ID IGG	86023
Polymerase   IJI RNA Antibody   83520   POTASSIUM BLOOD 84132 K   64132   Potassium Urine   84133   Prealiburnin   84134   PREG SCREEN SERUM 84703   84703   PREG TEST URINE 81025   81025   Pregnenolone   84140   Procaliburnin   84145   Progesterone   84144   Proinsulin   84206   PROLACTIN 84146   84506   PROLACTIN 84146   84506   PROLACTIN 84146   84506   PROTECTION SERVINE 84153 PSA (G0103)   84193   Protein EP Other Fluid   84166   Protein EP Other Fluid   84166   Protein S Free   85306   Protein Total Urine 24 hr   84155   Protein, Western Blot Test   84155   Protein, Western Blot Test   84156   Protein Total Urine 24 hr   84161   Protein S Free   84156   Protein Total Urine 24 hr   84161   Protein Total Urine 84151   QUAD SCREEN - Multiple CPT Codes   QUANTIFERON GOLD TB 86480   RAQUANT 86491   Rables Titer   86382   Random Urine for Porphobilinoge   RAUMON Urine for Porp		
POTASSIUM BLOOD 84132 K   94132   Potassium Urine   84133   Prealburnin   84134   PREG SCREEN SERUM 84703   84703   84703   PREG TEST URINE 81025   81025   Pregnenolone   94140   Progesterone   94140   Progesterone   94140   Progesterone   94140   Progesterone   94140   Progesterone   94140   Prometheus IBD Test (Immunofluor per Spec)   98350   PROMACTIN 84146   94146   Prometheus IBD Test (Immunofluor per Spec)   88350   Prometheus IBD Test (Immunofluor per Spec)   88350   Prometheus Tymé Enzyme   8458/80249   84153   Protein C Activity   85303   Protein C Activity   85303   Protein E Pother Fluid   84166   Protein S Free   85306   PROTEIN TOTAL 84155   84155   Protein Total Urine 24 hr   84156   Protein, Western Blot Test   84161   PROTHENMEN 85610   PT/INR   85610   PT/INR   85610   PT/INR   85702   PSA Free   84154   PT/INS   PT/INS   85702   PSA Free   84154   PT/INS   85702   PJT Substitute   85732   Pyruvate   84210   QUANT IFERON GOLD TB 86480   86480   RA QUANT 86431   864		
Potassium Urine		
Prealburnin         84134           PREG SCREEN SERUM 84703         84703           PREG SCREEN SERUM 84703         84703           PREG TEST URINE 81025         81025           Pregenenolone         84140           Progesterone         84141           Progesterone         84144           Proinsulin         84205           PROLACTIN 84146         84164           Prometheus IBD Test (Immunofluor per Spec)         88350           Prometheus Tprik Enzyme         82500           PROSTAC SPEC ANTIG 84153 PSA (G0103)         84153           Protein EP Other Fluid         84166           Protein EP Other Fluid         84166           Protein S Free         85306           PROTEIN TOTAL 84155         84155           Protein Total Urine 24 hr         84156           Protein, Western Blot Test         84181           PROTHADMEN 85610 PT/INR         85610           PTH 83970 PARATHORMONE         83970           PTH SUBSTOP ARATHORMONE         83970           PTT Substitute         85732           Pyruvate         84210           QUAD SCREEN - Multiple CPT Codes           QUAD SCREEN - Multiple CPT Codes           QUAD SCREEN - Multiple CPT Codes <td></td> <td></td>		
PREG SCREEN SERUM 84703   84703   84703   PREG TEST URINE 81025   81		
REG TEST URINE 81025   91025   91025   92020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   934140   97020   93414	Prealbumin	84134
REG TEST URINE 81025   91025   91025   92020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   97020   934140   934140   97020   93414	PREG SCREEN SERUM 84703	84703
Pregnenolone	PREG TEST URINE 81025	81025
Procalcitonin		
Progesterone		
Prolinsilin		
PROLACTIN 84146   84146   84146   84350   84550   84		
Prometheus IBD Test (Immunofluor per Spec)         88350           Prometheus Tpmt Enzyme         attention           PROSTAC SPEC ANTIG 84153 PSA (G0103)         84153           Protein C Activity         85303           Protein EP Other Fluid         84166           Protein EP Other Fluid         84165           Protein Foree         85306           PROTEIN TOTAL 84155         84155           Protein Total 44 hr         84156           Protein, Western Biot Test         84181           PROTHEN MBIN 85610 PT/INR         85610           Proteipapraphyrin         84202           PSA Free         84154           PTH 83970 PARATHORMONE         83970           PTS Substitute         85732           Pyruvate         84210           QUAD SCREEN - Multiple CPT Codes         QUANTIFERON GOLD TB 86480         86480           RA QUANT 86431         86431         86431           Rables Tier         86382         8410		
Prometheus Tprik Enzyme         8268/88494           PROSTAC SPEC ANTIG 84153 PSA (G0103)         84153           Protein C Activity         85303           Protein EP Other Fluid         84166           Protein S Free         85306           PROTEIN TOTAL 84155         84155           Protein Total Urine 24 hr         84166           Protein, Western Blot Test         84161           PROTHROMBIN 85610 PT/INR         85610           PFOTEROBRIN 85610 PT/INR         85610           PTH 83970 PARATHORMONE         83970           PTH 83970 PARATHORMONE         83970           PTT Substitute         85732           Pyruvate         84230           QUAD SCREEN - Multiple CPT Codes         QUANTIFERON GOLD TB 86490         86490           RA QUANT 86431         86431         86431           Rables Titer         86382         84110		
PROSTAC SPEC ANTIG 84153 PSA (G0103)   84153		
PROSTAC SPEC ANTIG 84153 PSA (G0103)   84153     Protein C Activity   85303     Protein E Other Fluid   84166     Protein S Free   85306     PROTEIN TOTAL 84155   84155     Protein Total Urine 24 hr   84156     Protein Total Urine 24 hr   84156     Protein, Western Blot Test   84181     PROTHROMBIN 85610 PT/INR   85610     PROTHROMBIN 85610 PT/INR   84202     PSA Free   84154     PTH 83970 PARATHORMONE   83970     PTT Substitute   85732     Pyruvate   84210     QUAD SCREEN - Multiple CPT Codes     QUANTIFERON GOLD TB 86480   86480     RA QUANT 86431   86431   86431     Rables Titer   86382     Random Urine for Porphobilinoge   84110     Random Urine for Porphobilinoge   8410     Random		82657/82491
Protein C Activity		84153
Protein EP Other Fluid		
Protein S Free   85306		
PROTEIN TOTAL 84155   84155   Protein Total Urine 24 hr   84156   84156   Protein Total Urine 24 hr   84156   84151   PROTHIRO MBIN 85610 PT/INR   85610   Proteing Western Blot Test   84161   PROTHIRO MBIN 85610 PT/INR   85610   Proteing Pt 84154   PTH 83970 PARATHORMONE   83970   PTH 83970 PARATHORMONE   85732   Pyruvate   84210   Pyruvate   84210   Pyruvate		
Protein Total Urine 24 hr   84156     Protein, Western Blot Test   84161     PROTHEMBRIN 85610 PT/INR   85610     Protein Blot Test   84202     PSA Free   84154     PTH 83970 PARATHORMONE   83970     PTH 83970 PARATHORMONE   85732     Pyruvate   84210     QUAD SCREEN - Multiple CPT Codes     QUAD SCREEN - Multiple CPT Codes     QUANTIFERON GOLD TB 86490   86490     RA QUANT 86431   86431     Rables Titer   86382     Random Urine for Porphobilinoge   84110     Random Urine for Porphobilinoge   84110		
Protein, Western Blot Test         84181           PROTHROMBIN 85610 PT/INR         85510           Protopopriyrin         84202           PSA Free         84154           PTH 83970 PARATHORMONE         83970           PTT Substitute         85732           Pyruvate         94210           QUAD SCREEN - Mulkiple CPT Codes         QUANTIFERON GOLD TB 86480         86480           RA QUANT 86431         86431           Rables Titer         86382           Random Urine for Porphobilinoge         84110		
PROTHROMBIN 85610 PT/INR   85610	Protein Total Urine 24 hr	84155
PROTHROMBIN 85610 PT/INR   85610		84155
Protoporphyrin         84202           PSA Free         84154           PTH 83970 PARATHORMONE         83970           PTT Substitute         85732           Pyruvate         84230           QUAD SCREEN - Multiple CPT Codes         QUAD SCREEN - Multiple CPT Godes           QUANTIFERON GOLD TB 86480         86490           RA QUANT 86431         86431           Rables Titer         86382           Random Urine for Porphobilinoge         84110		84155 84156
PSA Free         84154           PTH 83970 PARATHORMONE         83970           PTT Substitute         85732           Pyruvate         84210           QUAD SCREEN - Multiple CPT Codes         QUADTIFERON GOLD TB 86480         85480           RA QUANT 86431         86431         86431           Rables Titer         85382         86490           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test	84155 84156 84181
PTH 83970 PARATHORMONE         83970           PTT Substitute         85732           Pyruvate         84210           QUAD SCREEN - Multiple CPT Codes         9           QUANTIFERON GOLD TB 86480         86480           RA QUANT 86431         86431           Rables Titer         86392           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR	84155 84156 84181 85610
PTT Substitute         85732           Pyruvate         84230           QUAD SCREEN - Multiple CPT Codes         9           QUANTIFERON GOLD TB 86480         86490           RA QUANT 86431         86431           Rables TEar         86382           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protoporphyrin	84155 84156 84181 85610 84202
Pyruvate         84210           QUAD SCREEN - Multiple CPT Codes         9           QUANTIFERON GOLD TB 86480         85480           RA QUANT 86431         86431           Rables Titer         85382           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protepopphyrin PSA Free	84155 84156 84181 85610 84202 84154
QUAD SCREEN - Multiple CPT Codes         85480           QUANTIFERON GOLD TB 86490         85480           RA QUANT 86431         85431           Rables Titer         85362           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protoporphyrin PSA Free PTH 83970 PARATHORMONE	84155 84156 84181 85610 84202 84154 83970
QUAD SCREEN - Mulkiple CPT Codes         85480           QUANTEFRON GOLD TB 86480         85480           RA QUANT 86431         85431           Rables Titer         85362           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protepophyrin PSA Free PTH 83970 PARATHORMONE PTT Substitute	84155 84156 84181 85610 84202 84154 83970
QUANTIFERON GOLD TB 86480         85480           RA QUANT 86431         85431           Rables Titer         86382           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protsporphyrin PSA Free PTH 83970 PARATHORMONE PTT Substitute	84155 84156 84181 85610 84202 84154 83970 85732
RA QUANT 86431         86431           Rables Titer         85382           Random Urine for Porphobilinoge         84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protepaperbyrin P5A Free PTH 83970 PARATHORMONE PTT Substitute Pyruvate	84155 84156 84181 85610 84202 84154 83970 85732
Rables Titer 86382 Random Urine for Porphobilinge 84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protopopphyrin P5A Free PTH 83970 PARATHORMONE PTT Substitute Pyruvate QUAD SCREEN - Multiple CPT Codes	84155 84156 84181 85610 84202 84154 83970 85732 84210
Random Urine for Porphobilinoge 84110	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protsporphyrin PSA Free PTH 83970 PARATHORMONE PTT Substitute Pyruvate QUAD SCREEN - Multiple CPT Codes QUANTIFERON GOLD TB 86480	84155 84156 84181 85610 84202 84154 83970 85732 84210
	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protsparphyrin PSA Free PTH 83970 PARATHORMONE PTT Substitute Pyruvate QUAD SCREEN - Multiple CPT Codes QUANTIFERON GOLD TB 86480 RA QUANT 86431	84155 84156 84181 85610 84202 84154 83970 85732 84210 86480 86481
RAPID STREP 87880 87880	Protein, Western Blot Test PROTHROMBIN 85610 PT/INR Protoporphyrin P5A Free PTH 83970 PARATHORMONE PTT Substitute Pyruvate QUAD SCREEN - Multiple CPT Codes QUANTIFERON GOLD TB 86490 RA QUANT B6431 Rables Titar	84155 84156 84181 85610 84202 84154 83970 85732 84210 86480 86480 86431
	Problem, Western Blot Test PROTHROMBIN 85610 PT/INR Protopophyrin PSA Free PTH 83970 PARATHORMONE PTT Substitute Pyruvate QUAD SCREEN - Multiple CPT Codes QUANTIFERON GOLD TB 86480 RA QUANT 86431 Rabies Titar Random Urine for Porphobilinoge	84155 84156 84181 85610 84202 84154 83970 85732 84210 86480 86431 86382 84110

Mercury	83825
Metanephrines 83835	83835
Metanephrines Plasma	83835.2
Methemoglobin Methemoglobin	83050
Methylmalonic acid Microalbumin Random Urine	83921 82044
MICROALBUMIN URINE 24 HR 82043	82043
Microsomal AB	86376
Molecular Pathology Precedure Level 4	81403
RUBEOLA 86765	86765
Russell Viper Venom, Diluted	85613
SED RATE ESR 85652	85652
Selenium	84255
Semen Analysis Strict Morphologic Criteria SENSITIVITY STUDIES	89322 87186
Serotonin	84260
Sex Hormone Bind Glob	84270
Sheep Milk IGE 86003	86003
Sickle Cell RBC	85660
Sirolimus	80195
Smear, Flour Stain, Acid Fast	87206
SMITH ANTIBODY 86235	86235
Smooth Muscle	83516
5mr Prim Src CPLX Spec Stain Ova & Parasits	87209
SODIUM BLOOD 84295	84295
Sodium Urine	84300
Somatomedinc Special Stain (Malaria)	84305 87207
Spectrophotometry Urine PDM	84311
SPEP 84165	84165
Staph Aure Amp Probe	87640
Stone Analysis	82365
Stool Culture	87045
Stool Culture add ISO	87046
Stretococcus Pneum AB IGG-14	86317
T Cell Absolute CD4/CD8 CT/RAT	86360
T Cell Natural Killer & B cell subsets T Spot	86481
T-3 FREE 84481	84481
T3 Total	84480
T3 Uptake	84479
T-4 FREE 84439	84439
T-4 TOTAL 84436	84436
Tacrolimus	80197
TESTOSTERONE, FREE 84402	84402
TESTOSTERONE, TOTAL 84403	84403
Tetanus Antibody	86774
TGF-B1 (QUEST)	83520 83520
Theophylline	80198
Therapeutic Drug Assays Oxcabazepine	80183
Therapeutic Drug Assays Zonisamide	80203
THROAT CULTURE (RESP) 87070	87070
Thrombin Time Plasma	85670
Thyroglobulin (Immunoassay)	84432
Thyroglobulin (LC/MS/MS)	84432
Thyroglobulin Antibody	86800
Thyroid Antibody Panel Thyroid Peroxidase Antibody	84422588800
Thyroid Stim Immne Glob	86376 84445
Thyroxine Bind Glob	84442
TN 6 MNPN	82491
TM 6 TGN	82491
TMPT Activity	80375
Topiramate	80201
Total Insulin	83525
Toxin/Antiboxin Assay	87230
TPMT Gene Corn Variants	81335
Tramadol	G0480
Transferrin Transferring Geough Spetch BETA	84466
Transforming Growth Factor BETA Transforming Growth Factor BETA 1	83520 83520
Trichomonas Vaginalis AMPLII (this is a Quest price)	87661
TRIGLYCERIDES 84478	84478
Traponin	84484
Tryptase	83520
TSH 84443	84443
TASH Receptor	83519
Tumor AG CA 15-3	86300
Tumor AG CA 19-9	86301

RBC A8 ID Panel	86870
RENAL FUNCTION PANEL 80069	80059
Renin	84244
Resp Syncytial AG, DFA	87280
Resp Virus Map-Tech 17 Targets	87633
RETICULOCYTE COUNT 85045	85045
REVERSE T3 84482	84482
RH 86901	86901
RHEUMATOID FACTOR 86430	85430
RIBOSOMAL P ANTIBODY 83516	83516
ROUTINE CULTURE-URINE 87086	87086
RPR 86592	86592
RSV	87807
RUBELLA 86762	86762
Rubella AB QN	86762
Viral Culture, Presump ID	87252
Virus ID, Cent Enhanced, Immuno	87254
VITAMIN A	84590
Vitamin B1, Thiamine 84425	84425
VITAMIN B12 82607	82607
VITAMIN B6 84207	84207
Vitamin C	82180
VITAMIN D 1,25 DIHYDROX 82652	82652
VITAMIN D, 25 OH 82306	82306
VITAMIN D3 PANEL	82452/82305
VITAMIN E	84446
Vitamin K	84597
vma Urine 24 HR	84585
WBC W/ Auto Differential	85004
WET PREP 87210	87210
WOUND CULTURE 87070	87070
YO AB IFA	86225
Zarontin (Ethosuximide)	80168
Coronan (Eurosuximide)	

Tumor AG Other AG	86316
Urea Vrine 84540	84540
URIC ACID BLOOD 84550	84550
URINALYSIS MICRO ONLY	81015
URINALYSIS W/MICRO 81001	81001
URINALYSIS W/O MCR 81003	81003
URINE PATHOGEN ID	87088
URINE PATHOLGEN ID	87086
Valproic Acid	80164
Valproic Acid (Dipropylacetic Acid); Free	80165
VAP Cholesterol Serium (Cardio IQ)	83701
VARICELLA ZOSTER 86787	86787
Vascular Endothelial Growth Factor	83520



# Schedule D

# Immunization Services

CPT	Description			
90620	Meningococal B, Recombinant - 2 dose (Bexsero)			
90621	Meningococal B, Recombinant - 3 dose (Trumenba)			
90632	Hepatitis A Vaccine - Adult			
90633	Hepatitis A Vaccine - Ped/Adolescent			
90636	Hep A/Hep B Vaccine, Adult			
90647	HIB VACCINE, PRP-OMP, IM			
90648	HIB (PRP-T, IM)			
90651	Human Papilloma Virus (HPV) Gardasil			
90657	Influenza Virus - 6-35 mos of age			
90658	Influenza			
90660	Flu Mist			
90662	Flu Zone (65 yrs+)			
90670	Prevnar 13			
90672	Influenza, Quad, Live Intranasal			
90680	Rotavirus (Rotarix)			
90682	RIV 4 Vacc Recombinant DNA IM			
90686	Influenza Virus - 3 yrs and older			
90691	Typhoid Vaccine			
90696	Kirrix			
90698	DTaP-IPV-Hib (Pediatrics) Pentacel			
90700	DTAP			
90707	Measles, Mumps, and Rubella Virus (MMR) live			
90710	Proquad			
90713	Poliovirus Vaccine inactivated (IPV)			
90714	Tetanus and Diphtheria (Td) 7 yrs and older			
90715	Tetanus, diphtheria toxoids & acellular pretusis (Tdap)			
90716	Varicella Virus Vaccine, live (Chicken Pox)			
90717	Yellow Fever			
90723	DTAP/HEPB/IPV VACCINE,IM			
90732	Pneumococcal Polysaccharide Vaccine (Pneumovax 23)			
90734	Meningococcal Conjugate Vaccine (Menactra)			
90736	Zoster (shingles) Vaccine, live			
90744	Hepatitis B Vaccine - Pediatrics Dose			
90746	Hepatitis B Vaccine - Adult Dose			
90750	Shingrix Vaccine (HZV Vacc)			
J1055/J1050	Depo Provera			
J3420	17 Vitamin B			

110

# <u>Administration Committee, Land Conservation Subcommittee and Planning, Development & Transportation Committee</u>

# No. 11d -- RESOLUTION APPROVING BUDGET ADJUSTMENT GENERAL FUND TRANSFER.

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**WHEREAS**, the Land and Water Conservation Department has submitted the following request for the transfer of General Fund dollars to Land and Water Conservation's departmental budget, which requires approval by a 2/3 vote of the full County Board:

A new vehicle was included as part of the 2019 budget with a purchase order being submitted to Ewald Automotive Group on 10/24/2019 for the purchase of a 2020 Ram 1500. Ewald was contacted on 1/9/2020 for a production update. Anticipating delivery in late January/early February, the department did not submit a carryover request from the 2019 budget to the 2020 budget. They were then notified that the vehicle would be delivered on 3/25/2020.

Amount: \$24,212

and

**WHEREAS**, it is desirous to transfer the requested \$24,212 to the Land and Water Conservation departmental budget by transferring \$24,212 from the General Fund to the Land and Water Conservation departmental budget; and

**WHEREAS**, this budget adjustment is necessary to ensure activities are appropriated and accounted for properly.

**NOW, THEREFORE, BE IT RESOLVED**, that the Brown County Board of Supervisors hereby authorizes and directs that the funds mentioned above shall be transferred as stated above.

Respectfully submitted,

**ADMINISTRATION COMMITTEE** 

LAND CON SUBCOMMITTEE

PLANNING, DEVELOPMENT & TRANSPORTATION COMMITTEE

Approved By: /s/ Troy Streckenbach Date: 06/18/2020

20-038R
Authored by Land & Water Conservation Department
Approved by Corporation Counsel's Office

Fiscal Note: This Resolution requires an appropriation of \$24,212 from the General Fund.

A motion was made by Supervisor Dantinne and seconded by Supervisor Landwehr "to adopt." Vote taken. Motion carried unanimously with no abstentions.

# ATTACHMENT TO RESOLUTION #11D ON THE FOLLOWING PAGE

# LAND AND WATER CONSERVATION

# Brown County

2019 TECHNOLOGY WAY, STE. 104 GREEN BAY, WI 54311

MIKE MUSHINSKI

PHONE (920) 391-4620 WEB; www.browncountywi.gov

COUNTY CONSERVATIONIST

# RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

Ild

☑ COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

# **Education & Recreation Committee**

# No. 11e -- RESOLUTION TEMPORARILY WAIVING NEVILLE PUBLIC MUSEUM ATTENDANCE FEES.

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

WHEREAS, on March 18, 2020, the County Board approved of the Neville Public Museum (the Museum) temporarily waiving its admission fee on the days of June 26, 27 and 28, 2020, in order to allow the Museum to host a Public Grand Opening to celebrate its Core Gallery Renovation, a renovation that was primarily funded by Brown County, with additional, ongoing private support provided by the Neville Public Museum Foundation; and

WHEREAS, due to a delay in installation due to the Covid-19 Pandemic, the Neville Public Museum is postponing its Public Grand Opening of the Core Gallery Renovation to Wednesday, August 5, 2020, and the Museum admission fee should no longer be waived on the days of June 26, 27 and 28, 2020; and

**WHEREAS**, the Museum now desires to have the Museum admission fee waived on the first Wednesday of the month known as "Explorer Wednesday" from 9am-8pm on August 5<sup>th</sup>, September 2<sup>nd</sup>, October 7<sup>th</sup>, November 4<sup>th</sup>, and December 2<sup>nd</sup>, 2020 to reflect the loss in public accessibility of the gallery while the renovations were in progress, since May of 2019.

**NOW THEREFORE BE IT RESOLVED** that the Brown County Board of Supervisors hereby authorizes and directs that: **1)** the Museum admission fee shall no longer be waived on the days of June 26, 27 and 28, 2020; and **2)** the Museum fee shall be temporarily waived on the days of August 5<sup>th</sup>, September 2<sup>nd</sup>, October 7<sup>th</sup>, November 4<sup>th</sup>, and December 2<sup>nd</sup>, 2020.

Fiscal Note: This resolution does not require an appropriation from the general fund. Historically, Explorer Wednesdays have not generated revenue therefore no revenue was budgeted for in the 2020 Budget.

Respectfully submitted,

EDUCATION AND RECREATION COMMITTEE

Annroyed By:	/s/ Troy Streckenbach	Date: 06/18/2020
AUDIOVEU DV	/S/ LIUV SHEUKEHDAUH	Date 00/10/2020

20-020R

Authored by Corporation Counsel at Request of the Museum Approved by Corporation Counsel

A motion was made by Supervisor Dorff and seconded by Supervisor Lefebvre "to adopt." Vote taken. Motion carried unanimously with no abstentions.

# **ATTACHMENT TO RESOLUTION #11E**



210 Museum Place Green Bay, WI 54301

. 1

Beth Lemke Executive Director

(920)448-4460 NevillePublicMuseum.org

(920)448-7848 Lemke\_BA@co.brown.wi.us

# RESOLUTION/ORDINANCE SUBMISSION TO COUNTY BOARD

DATE:	05-27-2020					
REQUEST TO:	Education and Recreation Committee					
MEETING DATE:	06-03-2020					
REQUEST FROM:	Beth Lemke Executive Director					
REQUEST TYPE:	☐ New resolution X Revision to resolution					
	□ New ordinance Revision to ordinance					
TITLE: RESOLUTIO	N TEMPORARILY WAIVING NEVILLE PUBLIC MUSEUM ATTENDANCE FEES					
ISSUE/BACKGROL Please see self-expl	IND INFORMATION: anatory Resolution, attached.					
ACTION REQUEST	ED: To consider and approve.					
FISCAL IMPACT:						
	t portion is initially completed by requestor, but verified by the DOA and updated if necessary.					
<ol> <li>What is the amou from the general</li> </ol>	that of the fiscal impact? \$ This resolution does not require an appropriation fund. Historically, Explorer Wednesdays have not generated revenue therefore nudgeted for in the 2020 Budget.					
<ol><li>Is it currently bud</li></ol>	geted? ⊠ Yes ☐ No ☐ N/A (if \$0 fiscal impact)					
a. If yes, in whi	ch account? 100.058.001.4600					
b. If no, how wil	If the impact be funded? reduction of a supply line					
<ul> <li>c. If funding is f</li> </ul>	rom an external source, is it one-time  or continuous?					
<ol><li>Please provide su</li></ol>	pporting documentation of fiscal impact determination.					



□ COPY OF RESOLUTION OR ORDINANCE IS ATTACHED

110

# **Public Safety Committee**

No. 11f -- RESOLUTION AUTHORIZING ENTERING INTO A CONTRACT ENTITLED:
INTERGOVERNMENTAL AGREEMENT BETWEEN DANE COUNTY AND
BROWN COUNTY FOR MEDICAL EXAMINER SERVICES. (HEREAFTER
REFERRED TO AS THE "CONTRACT")

TO THE HONORABLE CHAIRMAN AND MEMBERS OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**WHEREAS**, the below mentioned Committee(s) reviewed a request for the County to enter into the Contract, attached to and incorporated herein via attachment and reference, and determined that there is a need, and that it is desirable, for the County Board to authorize and direct that the appropriate County Officer, Official and/or Agent do so.

**NOW, THEREFORE, BE IT RESOLVED**, that the Brown County Board of Supervisors hereby authorizes and directs that the appropriate County Officer, Official and/or Agent take any and all actions necessary to enter into the Contract.

Respectfully submitted,

PUBLIC SAFETY COMMITTEE

Approved By: /s/ Troy Streckenbach Date: 06/18/2020

20-045R

Authored by: Corporation Counsel Office Approved by: Corporation Counsel Office

Fiscal Note: This resolution does not require an appropriation from the General Fund. The Medical Examiners 2020 budget has sufficient funds to cover the increase expense of \$31,000.

A motion was made by Supervisor Lund and seconded by Supervisor Schultz "**to adopt.**" Vote taken. Motion carried unanimously with no abstentions.

ATTACHMENTS TO RESOLUTION #11F
ON THE FOLLOWING PAGES

# CORPORATION COUNSEL

# Brown County

305 EAST WALNUT STREET P.O. BOX 23600 GREEN BAY, WISCONSIN 54305-3600



PHONE:	(920) 448-4006	David P. Hemery Corporation Counsel
	(920) 448-4003	Corporation Counse
EMAIL:	David.Hemery@browncount	ywi.gov
	RESOLUTION/	ORDINANCE SUBMISSION TO COUNTY BOARD
DATE:	05-27-2020	
REQUEST TO:	Public Safety	
MEETING DAT	E: 06-02-2020	
REQUEST FRO	Dave Hemery, Corp	Counsel
REQUEST TYP	E: New resolution	☐ Revision to resolution
	☐ New ordinance	☐ Revision to ordinance
TITLE: RES	OLUTION AUTHORIZE	NG ENTERING INTO A CONTRACT ENTITLED:
ATTENDED TO THE STATE OF THE ST		GREEMENT BETWEEN DANE COUNTY AND BROWN
	INTY FOR MEDICAL EX	NASA MARKATAN
ISSUE/BACKG	ROUND INFORMATION:	
	roving Medical Examiner Ser	vices
ACTION REQU	ESTED:	
Consideration a	nd approval.	
FISCAL IMPAC	<u>:T:</u>	
NOTE: This fisca	impact portion is initially complete	ed by requestor, but verified by the DOA and updated if necessary.
	**************************************	\$ Fiscal Note: This resolution does not require an appropriation miners 2020 budget has sufficient funds to cover the increase expense
Is it currently bu	ıdgeted? ⊠ Yes □ No	□ N/A (if \$0 fiscal impact)
a. If y∈	es, in which account?	
b. If no	, how will the impact be fund	led? General Fund
c. If fu	nding is from an external sou	rce, is it one-time  or continuous?
2. Please prov	ride supporting documentatio	n of fiscal impact determination.
⊠ COPY OF R	ESOLUTION OR ORDINANO	CE IS ATTACHED
		116
		118

# INTERGOVERNMENTAL AGREEMENT BETWEEN DANE COUNTY AND BROWN COUNTY FOR MEDICAL EXAMINER SERVICES

This Intergovernmental Agreement ("Agreement") is entered into by and between Dane County, whose address is c/o Medical Examiner's Office, 3111 Luds Lane, McFarland, Wisconsin, 53558 ("Dane County") and Brown County, whose address is c/o Medical Examiner's Office, Law Enforcement Center, Lower Level, 300 E Walnut Street, Green Bay, Wisconsin, 54301 ("Brown County"), both quasi-municipal corporations in the State of Wisconsin. Hereinafter, Dane County and Brown County referred to individually as "Party" and collectively as "Parties."

### RECITALS:

WHEREAS, Brown County currently receives autopsy services from Dane County and is interested in appointing Dane County's Chief Medical Examiner, Deputy Chief Medical Examiner and Deputy Medical Examiners (individually or collectively "Medical Examiner") to provide Medical Examiner services in Brown County; and,

WHEREAS, Brown County would also like to enlist the services of Dane County's Director of Operations for its Medical Examiner's Office to provide administrative services to Brown County; and,

WHEREAS, Dane County is interested in providing these services to Brown County as part of a cooperative agreement; and,

WHEREAS, the Parties are authorized to enter into an Intergovernmental Agreement for services pursuant to 66.0301, Wisconsin Statutes; and,

WHEREAS, it would be beneficial for both Parties to share resources and expertise to perform the statutory duties of a Medical Examiner; and,

WHEREAS, Brown County anticipates entering into subcontracts, with terms as consistent as possible to this Agreement, with Door County and Oconto County to provide Medical Examiner services; and

WHEREAS, the Parties recognize that the long-term goal of Brown County is to construct its own Medical Examiner's Office facility with a physician and oversight to be provided by Dane County; and,

WHEREAS, Dane County and Brown County desire to enter into this Agreement whereby the Dane County Medical Examiner's Office will provide Medical Examiner services, autopsy medicine, training, oversight and administrative services, including some limited IT support, for and on behalf of the Brown County Medical Examiner's Office.

NOW THEREFORE, in consideration of the above premises and the mutual covenants of the Parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each Party, Dane County and Brown County do agree as follows:

1. RECITALS. The above recitals are true, correct and incorporated herein.

### 2. DEFINITIONS.

- a. "Autopsy-related Services" shall mean the autopsy, digital photos and digital x-rays, where appropriate, for adults and children. It shall also include preparation and court time for expert testimony in cases involving criminal prosecution. It does not include testimony-related travel time or lodging and transportation expenses which shall be billed out at cost. The cost of infant skeletal surveys performed outside of the Medical Examiner's Office shall not be included in the services covered pursuant to this Agreement.
- b. "Mass Fatality Event" shall mean more than five deaths resulting from a single event.
- "Medical Examiner's Office" shall mean the Brown County Medical Examiner's Office unless otherwise specified.
- d. "Partners" or alternatively "Partner Counties" shall mean, collectively and exclusively, Brown and the anticipated Door and Oconto Counties, contingent on obtaining a valid executed agreement with each County providing Medical Examiner services pursuant to this Agreement.
- TERM. The term of this Agreement shall be from January 1, 2020 or as soon
  thereafter as approved by both Parties' Boards of Supervisors and executed by both
  Parties and shall continue through December 31, 2021 ("Term"). This Agreement
  may be extended for an additional period by mutual written agreement of the
  Parties ("Renewal Term").

The Parties shall have a joint meeting by July 31, 2020, to review service levels and autopsy volumes. Additionally, the Parties shall schedule a meeting prior to June 20, 2021 to discuss an extension to this Agreement.

- 4. SCHEDULE AND SCOPE OF WORK. During the Term of this Agreement, the Chief Medical Examiner, the Deputy Chief Medical Examiner, and Deputy Medical Examiners of Dane County shall act as the Chief Medical Examiner, the Deputy Chief Medical Examiner, and the Deputy Medical Examiners for Brown County. The Dane County Director of Operations or designee, under the direction of the Dane County Chief Medical Examiner, shall act as the Director of Operations for Brown County and shall provide oversight and administrative services as further described herein. The Dane County Director of Operations, Chief Medical Examiner or designee shall be available at all times (24 hours per day, 7 days per week) to provide direction to Partner County investigative staff. Additionally, for the 104 weeks of this Agreement, the Director of Operations or designee will be on site at the Medical Examiner's Office an average of 23 hours per week to include travel time.
- ADMINISTRATIVE SERVICES. The Dane County Director of Operations or designee shall provide administrative and consultation services to Partner Counties which shall include:
  - a. To manage and directly supervise the investigatory and administrative staff of the Medical Examiner's Office. All disciplinary or corrective actions concerning employees of Brown County providing Medical Examiner services shall be the responsibility of Brown County, after consultation with and recommendations from the Dane County Chief Medical Examiner and/or the Director of Operations. Dane County shall bring any employee performance issues to the attention of the Brown County Administrator or designee;
  - To manage the Medical Examiner's Office budget and make recommendations regarding budget appropriations;
  - To engage Brown County Technology Services, Administrative and Finance staff regarding records management and support to Medical Examiner's Office staff;
  - To work with Partner County District Attorney and law enforcement officials in developing clear investigatory protocol and identification of best practices for use of Dane County expertise;
  - To work with Partner County criminal justice, public health and funeral home partners to build and strengthen professional relationships;

118

- f. To implement policies and procedures for the Medical Examiner's Office;
- g. To participate in the hiring process for administrative and investigative staff in the Medical Examiner's Office and to make recommendations as to hiring decisions.
- To review and make recommendations for staffing levels of the Medical Examiner's Office to establish adequate coverage;
- To facilitate training in death investigations and recommend outside training for investigative staff as needed;
- To work with Brown County to address any current or future issues regarding the operation of the Medical Examiner's Office;
- To work closely with Brown County and the appropriate oversight committees to perform the functions required pursuant to this Agreement;

### 6. CASE REVIEW AND AUTOPSY SERVICES:

- Dane County's Chief Medical Examiner, Deputy Chief Medical Examiner, and Deputy Medical Examiners shall perform the statutory functions of Medical Examiner in Brown and Partner Counties:
- b. During death scene response or other death investigations, the Director of Operations for Dane County will work with Brown County staff to establish case review protocols, and to facilitate communication with a Dane County forensic Pathologist to allow for case triage. The physician medical staff from Dane County will work with medicolegal death investigators to determine whether an autopsy or additional forensic examination should take place. Consideration will be given to the needs of other criminal justice partners, and the statutory authority of the District Attorney to independently order an autopsy will be recognized and followed;
- Dane County shall provide a forensic pathologist response to homicide cases or
  other cases where a complicated scene examination is appropriate. The need
  for this response shall be determined by the Medical Examiner in consultation
  with those at the scene;
- d. Dane County shall provide autopsy-related services pursuant to this Agreement. Toxicology testing, all histology, infant x-rays and subsequent interpretation, and any other specialized testing shall be billed directly to Brown County and are not included in this Agreement; and
- The Medical Examiner or designee shall cooperate with Brown County Public Health and participate in the Child Death Review Team as necessary.

7. IT SERVICES. During the Term of the Agreement, Dane County agrees to host and maintain the case management system for Brown County's Medical Examiner's Office. Application staff will provide ad hoc queries, programming changes (including application redeployment), database administration and troubleshooting. Communication between counties will be through a dedicated liaison in the ME's office or Dane County Help Desk.

Brown County agrees that it shall be responsible for all actual costs incurred by Dane County to host and maintain the case management system as described herein. Brown County agrees to make such payments for services rendered under this Agreement as specified in the attached Schedule A, which is fully incorporated herein by reference. Billing shall be accomplished in the same manner as the billing for services provided in the Agreement. The costs listed in Schedule A are based upon Brown County's estimate of the number of users and devices of the required applications, and Dane County's reasonable estimate of the number of hours required for Dane County IT staff to provide support. If during the Term, it is determined that the estimates for IT services are inaccurate, Dane County shall notify Brown County of a potential adjustment in costs. If the cost adjustment results in an increase in an amount listed in Schedule A, Brown County agrees to remit payment for the increased amount.

- TURNAROUND TIME. Dane County Medical Examiner's Office performs autopsies seven (7) days a week. Dane County is aware that time is of the essence in providing the services pursuant to this Agreement and shall make every effort to adhere to the timeline established in this paragraph.
  - a. In the case where an autopsy is to be completed, the body will be transported from the temporary Duck Creek morgue facility, or other county owned cooler facility, promptly after accession. This will happen the same day the death is discovered provided the death is discovered and the body is at the Brown County cooler before 6:00 p.m. on any day. If accession occurs after 6:00 p.m. the body will be retrieved during the same overnight period and as soon as transportation can be arranged. The body will be autopsied the day following discovery and then returned to the cooler facility on the same day the autopsy is completed. This will generally allow for a 24-36 hour turnaround time.
  - b. Exceptions to this scenario may include: (i) homicide cases where the respective District Attorney or law enforcement agency requires that the body be held; (ii) complicated traumatic cases where a prolonged autopsy is required or it is in the best interest of the criminal justice partners to provide an additional forensic examination of the body; (iii) adverse weather situations where travel is

treacherous; or (iv) other situations outside of Dane County's control (i.e. mass casualty, emergency transportation issues).

9. REFRIGERATED TRANSPORTATION. Dane County recognizes that time is of the essence and that it will take the necessary steps to maintain refrigerated transportation capabilities upon execution of this Agreement. Brown County acknowledges that any vehicle that is outfitted with refrigeration capabilities is a special purpose vehicle which may not be readily available.

### 10. GENERAL SERVICES.

- Specific scheduling of the tasks and responsibilities identified herein shall be established by mutual agreement of the Parties.
- b. Each Party shall commence, carry on and complete its obligations under this Agreement with all deliberate speed and in a sound, economical and efficient manner, in accordance with this Agreement and all applicable laws. In receiving services under this Agreement, each Party agrees to cooperate with the various departments, agencies, employees and officers of the other.
- c. Each Party agrees to secure, at the Party's own expense, all personnel necessary to carry out the Party's obligations under this Agreement. Such personnel shall not be deemed to be employees of the other Party nor shall they or any of them have or be deemed to have any direct contractual relationship with the other Party.
- d. Brown County will attempt to subcontract with Door County and Oconto County to provide services pursuant to this Agreement. All subcontract terms shall be as consistent as possible with the terms of this Agreement. Failure to subcontract shall not trigger the 90 day termination clause, but may require an amendment to this Agreement. No additional subcontractors shall be subject to this Agreement unless mutually agreed upon by the Parties through a written amendment to this Agreement.
- 11. CONFLICT OF INTEREST. Employees providing Medical Examiner services pursuant to this Agreement shall be prohibited from having outside employment which may create an actual or perceived conflict of interest or which may conflict with the statutory duties of the Medical Examiner's Office. This includes, but is not limited to, employment with funeral homes, cemeteries and organ/bone/tissue agencies.

- 12. RECORDS. All records related to Brown, Door and Oconto County ("County") autopsy cases performed by the Medical Examiner and other services provided pursuant to this Agreement shall be that County's records and that County shall be the custodian of these records for purposes of public records requests. Records shall be sent to the appropriate County as soon as possible while a case is pending. Requests for records of County cases received by the Dane County Medical Examiner's Office shall be transmitted to the appropriate County as soon as possible after receipt. Each County shall be responsible for managing and responding to all public records requests and shall defend hold harmless and indemnify Dane County, its officers, agents, boards, commissions, representatives and employees from any and all losses, claims, liabilities, suits, or actions of whatsoever nature resulting from or arising out of responding to public records requests involving its County cases.
- 13. HIPAA. Each Party agrees that it will abide by all State of Wisconsin and federal laws governing the unauthorized disclosure of personal health information and will defend, indemnify and hold the other Party harmless for damages and costs of any kind resulting from the unauthorized disclosure of such information by its employees or officers as may be determined by a competent trier of fact.
- 14. OFFICE EXPENSES. All costs associated with the Medical Examiner's Office not specifically included in this Agreement, including, but not limited to, employees' salaries and benefits, purchase and maintenance of equipment and vehicles, office and medical-related supplies and utilities, shall be the responsibility of the respective Partner County. All costs associated with Mass Fatality Events shall be the responsibility of Brown County or Partner Counties.
- 15. PAYMENT. Brown County agrees to make such payments for services rendered under this Agreement as and in the manner specified herein and in the attached Schedule A, which is fully incorporated herein by reference. At the end of 2020, the Parties shall review the number of autopsies completed pursuant to this Agreement, and a reconciliation shall occur. If the Autopsy number exceeds 220, each additional Autopsy shall be billed to Brown County. If the Autopsy number is less than 220 Dane County shall reimburse Brown County for the number of autopsies which represents the difference between the number of autopsies done and 220. All adjustments shall be at the Schedule A Autopsy rate. At the end of 2021, a reconciliation shall also occur. If the autopsy rate exceeds 220, each additional autopsy shall be billed to Brown County. If the autopsy number is less than 220, Dane County shall reimburse Brown County for the number of autopsies which

represents the difference between the number of autopsies done and 220. All adjustments shall be at the Schedule A Autopsy rate. Any charges exceeding the amounts identified in Schedule A must be presented to and approved by Brown County prior to submitting a request for payment.

At the end of 2020, a reconciliation of External Exams shall also occur. If External Examinations exceed 9 in 2020, each additional External Examination shall be billed to Brown County at the Schedule A External Examination rate. If the total number of External Examinations is less than 9 Dane County shall reimburse Brown County for the number of External Exams that represents the difference between the number of External Exams completed and 9. All adjustments shall be made at the Schedule A External rate. At the end of 2021 a similar reconciliation shall occur. If External Examinations exceed 9 each additional External Examination shall be billed to Brown County at the Schedule A External Examination rate. If the total number of External Examinations is less than 9, Dane County shall reimburse Brown County for the number of External Exams that represents the difference between the number of External Exams completed and 9. All adjustments shall be made at the Schedule A External rate.

All costs associated with a Mass Fatality Event shall be the responsibility of the respective Partner County. Autopsy and External Exam services shall be billed as specified in Schedule A.

The fees established in Schedule A are based on the personnel costs that are reasonably anticipated by Dane County. However, certain benefit costs for the term of this Agreement may be subject to increase. Brown County agrees to pay any increased employee benefit costs defined as the difference between the allocated benefit costs in Schedule A and the actual benefit costs to Dane County for work performed pursuant to this Agreement. Insurance benefit costs shall not exceed 8% for 2020 and 10% for 2021.

Both Parties to this Agreement understand that the Agreement is subject to annual funding continuation by their mutual county boards, and in the event that subsequent year funding for either the Dane County Medical Examiner or Brown County's payment for cases performed by the Dane County Medical Examiner is withdrawn by a county board, this Agreement may be terminated.

- 16. DISPUTE RESOLUTION. The Parties shall attempt to resolve any dispute arising out of or relating to this Agreement through negotiations between senior executives of the Parties, or their designees, who have authority to settle the same. In the case of medically-related matters, if the Parties are unable to reach consensus, the decision of the Dane County Chief Medical Examiner of Deputy Chief Medical Examiner shall prevail.
- 17. TERMINATION. If, through any cause, a Party shall fail to fulfill in a timely and proper manner its obligations under this Agreement, or if a Party shall violate any of the covenants or stipulations of this Agreement, the other Party shall thereupon have the right to terminate this Agreement by giving one hundred eighty (180) days' written notice to the violating Party of such termination and specifying the effective date thereof without further obligation. Either Party may terminate this Agreement for any reason upon six months' written notice to the other Party without further obligation after the termination date.

Except as provided in this paragraph, and paragraph 15 herein, there shall be no other termination of this Agreement, during its Term, without prior written consent of both Parties.

- 18. ASSIGNMENT/TRANSFER. No Party shall assign or transfer any interest or obligation in this Agreement, without the prior written consent of the other Party unless otherwise provided herein, provided that claims for money due or to become due to Dane County under this Agreement may be assigned to a bank, trust company or other financial institution without such approval if and only if the instrument of assignment contains a provision substantially to the effect that it is agreed that the right of the assignee in and to any moneys due or to become due to Dane County shall be subject to prior claims of all persons, firms and corporations for services rendered or materials supplied for the performance of the work called for in this Agreement.
- 19. ADDITIONAL PARTNERS. The Parties agree that Brown County will subcontract with Door County and Oconto County to provide Medical Examiner services pursuant to this Agreement. No additional partners may be added by contract or otherwise to receive services from the Medical Examiner's Office without prior written consent of Dane County and written amendment to this Agreement.

20. DELIVERY OF NOTICE. Any and all notices and demands shall be in writing delivered in person or by first class mail, registered or certified, postage paid, return receipt requested, or delivered by a recognized overnight carrier service with proof of delivery and addressed to the appropriate party as follows:

Dane County: Dane County c/o Medical Examiner's Office

3111 Luds Lane

McFarland, Wisconsin 53558

Phone: (608)284-6000

Email: irmen@countyofdane.com

Brown County: Brown County

Chad Weininger, Director of Administration

305 E. Walnut Street PO Box 23600

Green Bay, Wisconsin 54301

Phone: (920) 448-4035

Email: Weininger CJ@co.brown.wi.us

All other correspondence may be sent by U.S. mail addressed as noted above. At any time either Party may change the contact information by sending notice as stated above to the other Party.

- 21. INDEMNIFICATION. Each Party shall be responsible for the consequences of its own acts errors, or omissions and those of its employees, boards, commissions, agencies, officers, and representatives and shall be responsible for any losses, claims, and liabilities which are attributable to such acts, errors, or omissions including providing its own defense. In situations including joint liability, each Party shall be responsible for the consequences of its own acts errors, or omissions and those of its employees, agents, boards, commissions, agencies, officers and representatives. It is not the intent of the Parties to impose liability beyond that imposed by state statutes.
- 22. NO WAIVER BY PAYMENT OR ACCEPTANCE. In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by the non-breaching party of any breach of the covenants of this Agreement or a waiver of any default of the breaching party and the making of any such payment or acceptance of any such service or product by the non-breaching party while any such default or breach shall exist shall in no

- way impair or prejudice the right of the non-breaching party with respect to recovery of damages or other remedy as a result of such breach or default.
- 23. NON-DISCRIMINATION. During the term of this Agreement, both Parties agree not to discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard, state defense force or any other reserve component of the military forces of the United States, or political beliefs against any person, whether a recipient of services (actual or potential) or an employee or applicant for employment. Such equal opportunity shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment advertising, layoff, termination, training, rates of pay, and any other form of compensation or level of service(s). Both Parties agree to post in conspicuous places, available to all employees, service recipients and applicants for employment and services, notices setting forth the provisions of this paragraph. The listing of prohibited bases for discrimination shall not be construed to amend in any fashion state or federal law, setting forth additional bases and exceptions shall be permitted only to the extent allowable in state or federal law. In all solicitations for employment placed on a Party's behalf during the Term of this Agreement, the Party shall include a statement to the effect that the Party is an "Equal Opportunity Employer."
- CIVIL RIGHTS COMPLIANCE. Brown County's Civil Rights Compliance Plan shall govern Brown County's activities.
- 25. CONTROLLING LAW AND VENUE. It is expressly understood and agreed to by the Parties hereto that in the event of any disagreement or controversy between the Parties, Wisconsin law shall be controlling. Venue for any legal proceedings shall be in the Dane County Circuit Court.
- 26. LIMITATION OF AGREEMENT. This Agreement is intended to be an agreement solely between the Parties hereto and for their benefit only. No part of this Agreement shall be construed to add to supplement, amend, abridge or repeal existing duties, rights, benefits, or privileges of any third party or parties, including but not limited to employees of either of the Parties.

- 27. ENTIRE AGREEMENT. The entire Agreement of the Parties is contained herein and in the attached Schedule A. This Agreement supersedes any and all oral agreements and negotiations between the Parties relating to the subject matter hereof.
- AMENDMENT. The Parties expressly agree that this Agreement shall not be amended in any fashion except in writing executed by both Parties.
- COUNTERPARTS. The Parties may evidence their agreement to the foregoing upon one or several counterparts of this instrument, which together shall constitute a single instrument.
- 30. HEADINGS. The section titles have been inserted in this Agreement primarily for convenience, and do not define, limit or construe the contents of such paragraphs. If headings conflict with the text, the text shall control.
- 31. SEVERABILITY. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions herein, and this Agreement shall be construed, in all respects, as though all such invalid or unenforceable provisions were omitted.
- 32. COMPLIANCE. Each Party warrants for itself that it has complied with all applicable statutes, rules, orders, ordinances, requirements and regulations to execute this Agreement and that the person executing this Agreement on its behalf is authorized to do so.

IN WITNESS WHEREOF, Dane County and Brown County, by their respective authorized agents, have caused this Agreement and its Schedules to be executed, effective as of the date by which all Parties hereto have affixed their respective signatures, as indicated below.

# Date Signed: \_\_\_\_\_\_\_ Troy Streckenbach, Brown County Executive Date Signed: \_\_\_\_\_\_ Sandy Juno, Brown County Clerk FOR DANE COUNTY: Date Signed: \_\_\_\_\_\_ Joseph Parisi, County Executive Date Signed: \_\_\_\_\_\_ Scott McDonell, County Clerk

# SCHEDULE A: SERVICES AND COSTS

Office Administration and Oversight Provided by Director of Operations or Designee

Jan-Dec 2020: 23 hours per week Jan-Dec 2021: 23 hours per week

Forensic Case Review; every case, every time

2020 (1010 cases) 2021 (1015 cases)

Pathologist Management

2020: 4 hours per week 2021: 4 hours per week

Autopsy Medicine and External Examination Rates

2020: 220 autopsies (\$1209.06each) plus Transportation costs

9 external exams (\$602.21 each) plus Transportation costs

Rate for 221 or more autopsies: \$1209.06 autopsy + \$653.78 transportation per

autopsy (Transportation represents 2 - Round Trips)

Rate for 10 or more external exams: \$602.21 exam + \$653.78 transportation per

exam (Transportation represents 2 - Round Trips)

2021: 220 autopsies (\$1255.00 each) plus Transportation costs

9 external exams (\$627.02 each) plus Transportation costs

Rate for 221 or more autopsies: \$1255.00 autopsy + \$664.18 transportation per

autopsy(Transportation represents 2 - Round Trips)

Rate for 10 or more external exams: \$627.02 exam + \$664.90 transportation per

exam(Transportation represents 2 - Round Trips)

### Transportation

Transport costs from Duck Creek Morgue facility or other Brown County Morgue Facility to Dane County (round trip) to retrieve decedent and an additional round trip from Dane County to the Brown County morgue to return the decedent.

Based on the number of autopsies and external exams performed. See Autopsy Medicine and External Exam rates.

# Meals and Lodging - Forensic Pathologist

Jan - Dec 2020 1.25 nights per month

15 x \$90.00

Jan - Dec 2021 1.25 nights per month

15 x \$95.00

### Meals and Lodging - Director of Operations or Designee

Jan - Dec 2020 2.25 nights / wk. @ \$90.00 per night

2.5 Meal Stipend per week at \$39.00

Jan - Dec 2021 2.25 nights / wk. @ \$90.00 per night

2.5 Meal Stipend per week at \$39.00

Meals, Lodging and Travel - Director of Operations participation in building project - New ME Building

Jan - Dec 2020 13 additional hotel stays -@ \$90.00/Night

1.75 Meal Stipend for 26 days - \$39.00/Day

26 additional round trips 276 miles x .565 x 26 wks.

Jan - Dec 2021 13 additional hotel stays -@\$90.00/Night

1.75 Meal Stipend for 26 days - \$39.00/Day

26 additional round trips 276 miles x .565 x 26 wks.

# Building

This Agreement shall be amended upon the completion of Brown County's new morgue facility to reflect staffing and cost adjustments.

# Storage Costs

- \*Dane County shall store a body for up to five days at its expense
- \*Agreement includes 10 additional days of storage at no cost to Brown County
- \*All other storage costs shall be billed at \$50.00 per day

15

\*\*Mass Fatality Events shall be billed at the Autopsy Medicine and External Examination Rate plus transportation, food and lodging which shall be billed at cost.

# IGA Breakdown Schedule A

Schedule A		
SERVICE	2020	2021
Administration and Oversight	\$87,409.40	\$91,837.20
Forensic Case Review	\$46,492.32	\$48,404.98
Pathologist Management	\$57,068.16	\$59,062.40
Autopsy Medicine	\$265,993.20	\$276,100.00
External Medicine	\$5,419.89	\$5,643.09
Decedent Transportation	\$149,715.62	\$152,097.22
Mileage, Meals, Lodging Pathologists	\$6,028.56	\$6,103.56
Mileage, Meals, Lodging Admin Staff	\$32,891.82	\$33,541.82
DC DIM Application Staff Support	\$903.00	\$903.00
Administration Fee	\$1,950.00	\$1,950.00
Remote Desktop CAL Maintenance	\$195.84	\$195.84
MS Office/Core CAL Maintenance	\$1,494.72	\$1,619.28
Sub Total	\$655,562.53	\$677,458.39
4% Admin Fee	\$26,222.50	\$27,098.34
<u>TOTAL</u>	\$681,785.03	\$704,556.73
Less DIM Costs	4,543.56	4,668.12
less DIM 4% Admin fee	\$181.74	\$186.72
Medical Examiner ONLY total	\$677,059.73	\$699,701.88

<sup>\*\*</sup>Toxicology panels, all histology, infant x-rays and subsequent interpretation, and any other specialized testing shall be billed directly to Brown County.

<sup>\*\*</sup>Transportation time and costs, meals and lodging for expert testimony shall be billed out at cost.

# **Administration Committee**

# No. 11b -- RESOLUTION FOR ADVISORY REFERENDUM REGARDING REDISTRICTING.

TO THE HONORABLE CHAIRMAN AND MEMBERS
OF THE BROWN COUNTY BOARD OF SUPERVISORS

Ladies and Gentlemen:

**WHEREAS**, Wisconsin State Statutes Section 59.52(25) provides for a County Board to conduct county-wide referenda for advisory purposes, and reads in its entirety as follows: "Advisory and contingent referenda. The board may conduct a countywide referendum for advisory purposes or for the purpose of ratifying or validating a resolution adopted or ordinance enacted by the board contingent upon approval in the referendum;" and

**WHEREAS**, on 05-07-2020, the Administration Committee directed that an advisory Referendum Resolution be drafted and brought back to said committee for consideration, and that it include the following advisory Referendum question: "Should the Wisconsin Legislature create a nonpartisan procedure for the preparation of legislative and congressional district pans and maps?".

**NOW THEREFORE, BE IT RESOLVED** that the Brown County Board of Supervisors hereby authorizes and directs that a County-wide advisory Referendum be conducted, to be held with the November 2020 general election, and that the advisory Referendum question to be presented shall be as follows:

"Should the Wisconsin Legislature create a nonpartisan procedure for the preparation of legislative and congressional district plans and maps?"; and

**BE IT FURTHER RESOLVED,** that Corporation Counsel shall prepare a Notice of Referendum to be published by the Brown County Clerk in accordance with statutory requirements, that said Resolution and the Notice of Referendum shall be filed with the Brown County Clerk no later than 70 days prior to the election at which the question will appear on the ballot, and that any and all necessary actions be taken by County Officers, Officials and Staff to carry out this advisory Referendum as stated above.

Respectfully submitted,

ADMINISTRATION COMMITTEE

Approved By: /s/ Troy Streckenbach Date: 06/18/2020

20-043R

Authorized by: Administration Committee on 05-07-2020

Approved by: Corporation Counsel Office

Fiscal Note: This resolution does not require an appropriation from the General Fund. The associated expense of approximately \$2,000 will be covered in the County Clerk's 2020 budget.

A motion was made by Vice Chair Sieber and seconded by Supervisor Hopkins "to adopt." Roll call vote taken.

Supervisors	Dist. #	Vote	Supervisors	Dist. #	Vote	Supervisors	Dist. #	Vote	Aye	15
Sieber	1	Aye	Vander Leest	10	Nay	Erickson	19	Aye	Nay	10
De Wane	2	Excused	Buckley	11	Nay	Coenen	20	Aye	Abstain	0
Chu	3	Aye	Landwehr	12	Nay	Schultz	21	Nay	Excused	1
Dorff	4	Aye	Dantinne, JR.	13	Nay	Peters	22	Nay		
Jacobson	5	Aye	Brusky	14	Aye	Suennen	23	Aye	Total	25
Lefebvre	6	Aye	Murphy	15	Nay	Schadewald	24	Aye		
Friberg	7	Aye	Kaster	16	Nay	Lund	25	Aye		
Borchardt	8	Aye	Van Dyck	17	Aye	Deneys	26	Nay		
Evans	9	Nay	Hopkins	18	Aye					

Motion carried.

# ATTACHMENT TO RESOLUTION #11B ON THE FOLLOWING PAGE

# CORPORATION COUNSEL

# Brown County

305 EAST WALNUT STREET P.O. BOX 23600 GREEN BAY, WISCONSIN 54305-3600



				David P. Hemery
PHONE:	(920) 448-4006			Corporation Counse
FAX: EMAIL:	(920) 448-4003 David.Hemery@br	owncountwe	i nov	
LWAIL.	David. Heiller yugur	OWNCOUNTYW	1.904	
	RESC	DLUTION/OR	DINANCE SUBMISSION TO COUNTY	BOARD
DATE:	05-07-202	0		
REQUEST TO	): Admin Cor	nm		
MEETING DA	TE: 06-04-202	0		
REQUEST FR	OM: Dave Hem	ery, Corp Cou	unsel	
REQUEST TY	PE: New res	solution	☐ Revision to resolution	
	□ New or	dinance	☐ Revision to ordinance	
TITLE: RES	OLUTION FOR ADVIS	ORY REFEREN	DUM REGARDING REDISTRICTING	
ISSUE/BACK	GROUND INFORM	ATION:		
	Nonpartisan Redist			
ACTION REC	UESTED:			
Consideration	and approval.			
FISCAL IMPA	CT:			
NOTE: This fisc	al impact portion is initi	ally completed t	by requestor, but verified by the DOA and upda	ited if necessary.
What is the ar	nount of the fiscal in	npact? \$	Fiscal Note: This resolution does not re	quire an appropriation fron
the General I budget,	Fund. The associat	ed expense oj	f approximately \$2,000 will be covered	in the County Clerk's 2020
Is it currently	oudgeted? ⊠ Yes	□ No	□ N/A (if \$0 fiscal impact)	
a. If	yes, in which accour	nt?		
b. If	no, how will the impa	act be funded	? General Fund	
c. If	funding is from an e	kternal source	e, is it one-time $\square$ or continuous? $\square$	
<ol><li>Please pri</li></ol>	ovide supporting do	cumentation o	of fiscal impact determination.	
⊠ CORV OF	DESCULITION OF	ODDINANCE	IC ATTACHED	
A COPT OF	RESOLUTION OR	DRUINANCE	15 ATTACHED	

116

A motion was made by Supervisor Schadewald and seconded by Supervisor Borchardt "to suspend the rules and take Items #10a-10e together." Vote taken. Motion carried unanimously with no abstentions.

A motion was made by Supervisor Schadewald and seconded by Supervisor Kaster "to adopt Items #10a-10e." Vote taken. Motion carried unanimously with no abstentions.

# No. 10 -- Standing Committee Reports

# No. 10a -- REPORT OF ADMINISTRATION COMMITTEE OF JUNE 4, 2020.

- 1. Review minutes of: None.
- Communication from Supervisors Schadewald and Borchardt re: This is our request to have these committees and administration review the potential for reduction of licensing and other fees for those businesses negatively affected by the COVID-19 pandemic. Receive and place on file.
- 3. Communication from Supervisor Van Dyck: Amend sections 2.13c and 2.13f of Chapter 2 of the Brown County Code of Ordinances to allow for email to be considered as an approved form of written request. <u>Direct Corporation Counsel to make those changes and bring back.</u>
- 4. Legal Bills Review and Possible Action on Legal Bills to be paid. To approve.
- 5. Resolution Approving Budget Adjustment General Fund Transfer. <u>To approve.</u> See Resolutions & Ordinances.
- 6. Resolution for Advisory Referendum Regarding Redistricting. Receive and place on file. Carried 4 to 1 See Resolutions & Ordinances.
- 7. Resolution Authorizing Entering Into a Contract Entitled: Center for Health and Wellness Healthcare Services Agreement (Hereafter Referred to as the "Contract". <u>To approve.</u> See Resolutions & Ordinances.
- 8. County Clerk Budget Status Financial Report for April 2020 Unaudited. Receive and place on file.
- 9. County Clerk Director Summary.
  - a) COVID-Update. Receive and place on file.
- 10. Child Support Budget Performance Report Full Year 2019 Unaudited. Receive and place on file.
- 11. Child Support Budget Performance Report for April 2020 Unaudited. Receive and place on file.
- 12. Child Support Director Summary. Receive and place on file.
  - COVID-19 Update. Receive and place on file.
- 13. Technology Services Budget Status Financial Report for April 2020 Unaudited. Receive and place on file.
- 14. DoTS Monthly Report.
  - a) COVID-19 Update. Receive and place on file.
- 15. Treasurer Discussion/Action Regarding Former Owner request to Purchase properties acquired by Brown County via In-Rem Foreclosure Proceedings and the 2020 Foreclosure Judgments from Judge Thomas Walsh Branch 2 of Brown County Circuit Court case 2019CV001435.
  PARCEL # VH-230-7 by Michael R. Weber at 813 Posey Ct. in the Village of Howard.

PARCEL # VH-230-7 by Michael R. Weber at 813 Posey Ct. in the Village of Howard. That Brown County sells back parcel #VH-230-7 to former owner Michael R. Weber in the amount of \$17,940.44 made out to the Brown County Treasurer and \$30 to the Register of Deeds for a recording fee to be delivered to the Treasurer's office in guaranteed or certified funds by Wednesday, June 10<sup>th</sup> by 4:30 p.m.

- 16. Treasurer Review of Treasurer's Dept. Budget Performance Report Full Year 2019 YTD (unaudited). Receive and place on file.
- 17. Treasurer Review of Treasurer's Dept. Budget Performance Report for April, 2020 YTD (unaudited). Receive and place on file.
- 18. Treasurer's Report.
  - a) COVID-19 Update. Receive and place on file.
- 19. Admin & HR Budget Status Financial Reports (Admin & HR) for April 2020 Unaudited. Receive and place on file.
- 20. Admin & HR Budget Adjustment Log. Receive and place on file.
- 21. Admin & HR Budget Adjustment Request (20-043): Any allocation from a department's fund balance. To approve.
- 22. Admin & HR Director's Reports.
  - a) COVID-19 Update. Receive and place on file.
- 23. Corporation Counsel Oral Report.
  - a) COVID-Update. Receive and place on file.
- 24. Audit of bills. To acknowledge receipt of the bills.

# No. 10b -- REPORT OF EDUCATION AND RECREATION COMMITTEE OF JUNE 3, 2020

- 1. Consent Agenda Parks 2019 Year-End Budget Status Financial Report (unaudited). See action at Item 10.
- 2. Consent Agenda Parks Budget Status Financial Report for April 2020 (unaudited). See action at Item 10.
- 3. Consent Agenda NEW Zoo 2019 Year-End Budget Status Financial Report (unaudited). See action at Item 10.
- 4. Consent Agenda Adventure Park 2019 Year-End Budget Status Financial Report (unaudited). See action at Item 10.
- 5. Consent Agenda NEW Zoo Budget Status Financial Report for April 2020 (unaudited). See action at Item 10.
- 6. Consent Agenda Golf Course 2019 Year-End Budget Status Financial Report (unaudited). See action at Item 10.
- 7. Consent Agenda Golf Course Budget Status Financial Report for April 2020 (unaudited). See action at Item 10.
- 8. Consent Agenda Museum 2019 Year-End Budget Status Financial Report (unaudited). See action at Item 10.
- 9. Consent Agenda Museum Budget Status Financial Report for April 2020 (unaudited). See action at Item 10.
- Consent Agenda Audit of the Bills.
   To approve Items 1-10.
- 11. Library Presentation of 2019 Financials. No action taken.
- 12. Library Consultant Update.
  - a. HGA Architects and Engineers, Milwaukee Architectural drawings for new branch library.
  - b. O'Connor Connective, De Pere Feasibility Assessment and Brand Discovery.

    No action taken.
- 13. Library Report/Director's Report. No action taken.
  - a. COVID-19 response update/re-opening plan status.
- 14. Parks Dept. Director's Report. No action taken.
  - a. COVID-19 response update/re-opening plan status.
- 15. New Zoo & Adventure Park Director's Report. No action taken.
  - a. COVID-19 response update/re-opening plan status.
- 16. Museum Director's Report. No action taken.

- a. COVID-19 response update/re-opening plan status.
- 17. Golf Course Superintendent's Report. No action taken.
  - a. COVID-19 response update/re-opening plan status.
- 18. Action Items Discussion with possible action regarding request from WPS for maintenance easement on Golf Course property. <u>To approve</u>. NOTE: There was no Corporation Counsel approved Resolution, and no Administration approved Fiscal Statement, provided to this Committee regarding this item to approve of/act on. Corporation Counsel will draft a Resolution consistent with the above, to be addressed at the June 17, 2020 County Board Meeting in the <u>Committee of the Whole</u> section of this Agenda, below.
- 19. Action Items Resolution Temporarily Waiving Neville Public Museum Attendance Fees. See Resolutions & Ordinances. <u>To approve</u>. See Resolutions & Ordinances/Committee of the Whole.

# No. 10c -- REPORT OF HUMAN SERVICES COMMITTEE OF MAY 27, 2020

- 1. Review Minutes of:
  - a. Aging & Disability Resource Center of Brown County Board (January 23, 2020). Receive and place on file.
  - b. Children with Disability Education Board (April 21, 2020). Receive and place on file.
- 2. Communication from Supervisor Tran re: Resolution to Provide Emergency Funding to Combat COVID-19 in Brown County. To provide \$50,000 to Howe Resource Center to be used for COVID-19; of that \$50,000, use up to 4% for administrative purposes; and have Howe Resource Center provide where those funds have been utilized.

  NOTE: There was no Corporation Counsel approved Resolution, and no Administration approved Fiscal Statement, provided to this Committee regarding this item to approve of/act on. Corporation Counsel will research whether there is authority to allow for this appropriation, and if so, will draft a Resolution consistent with the above, and will bring to the July Human Services Committee meeting for possible action.
- 3. Communication from Supervisor Schadewald re: I would like the Human Services Committee and Board of Health to evaluate how we can better protect our workers and residents in county health facilities, especially during the upcoming flu season in the fall and winter. Receive and place on file.
- 4. Wind Turbine Update Receive new information Standing Item. Receive and place on file.
- 5. Aging & Disability Resource Center Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 6. Syble Hopp Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 7. Veterans Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 8. Health & Human Services Dept. Executive Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 9. Health & Human Services Dept. Table of Organization Changes.
  - a. Behavioral Health Supervisor (CCS Youth Supervisor).
  - b. CLTS Social Worker/Case Manager.
- 10. Health & Human Services Dept. Financial Report for Community Treatment Center and Community Services. Receive and place on file.
- 11. Health & Human Services Dept. Statistical Reports.
  - a) Monthly CTC Data.
    - i. Bay Haven Crisis Diversion.
    - ii. Nicolet Psychiatric Center.

- iii. Bayshore Village (Nursing Home).
- iv. CTC Double Shifts. Take Items 11a through c together.
- b) Child Protective Services Child Abuse/Neglect Report.
- c) Monthly Contract Update. Receive and place on file Items 11a through c.
- 12. Health & Human Services Dept. Request for New Non-Contracted and Contracted Providers. <u>To approve.</u>
- 13. Audit of bills. Acknowledge receipt of the bills.

# No. 10d -- REPORT OF PLANNING, DEVELOPMENT & TRANSPORTATION COMMITTEE OF MAY 26, 2020

- 1. Communication from Supervisor Schadewald re: I would like the Facilities management to evaluate best practices for cleaning our county facilities during the upcoming flu season in the fall and winter. Receive and place on file.
- 2. Communication from Supervisor Lefebvre re: Request that Brown County support & implement 100% clean energy by 2050. Both Green Bay and De Pere created citizen-led sustainability commissions that have committed the municipalities to clean energy, climate resiliency, and creating healthy communities. To hold until next PD&T meeting.
- 3. Resolution Approving Budget Adjustment General Fund Transfer. <u>To approve.</u> See Resolutions & Ordinances.
- 4. Extension Budget Status Financial Report for March & April 2020 Unaudited. Receive and place on file.
- 5. Extension Director's Report. Receive and place on file.
- 6. Register of Deeds Budget Status Financial Report for April 2020 Unaudited. Receive and place on file.
- 7. Register of Deeds Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 8. Port & Resource Recovery West Landfill Flare & Leachate Tank Bid Request for Approval. To approve bid of Advance One Development LLC in the amount of \$240,000 for Project 2379, West Landfill Blower/Flare Replacement.
- 9. Port 1st Quarter Budget Performance Status Report. Receive and place on file.
- 10. Resource Recovery 1st Quarter Budget Performance Status Report. Receive and place on file.
- 11. Port & Resource Recovery Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 12. Public Works Highway Capital Improvement Plan 2021 2026. To approve.
- 13. Public Works Facilities Capital Improvement Plan 2021 2026. To approve.
- 14. Public Works Summary of Operations. Receive and place on file.
- 15. Public Works Director's Report.
  - a. COVID-19 Update. Receive and place on file.
- 16. Airport Director's Report
  - a. Budget Status Financial Report for April 2020 Unaudited.
  - b. Open Positions Report.
  - c. 12+ Hour Shift Report.
  - d. COVID-19 Update. Receive and place on file Items 16a, b, c & d.
- 17. Planning & Land Services; Planning Commission; Zoning Budget Status Financial Reports for November & December 2019 and January, February, March & April 2020 Unaudited. Receive and place on file.
- 18. Acknowledging the bills. Acknowledge receipt of the bills.

# No. 10di -- REPORT OF LAND CONSERVATION SUBCOMMITTEE COMMITTEE OF MAY 26, 2020

- 1. Budget Status Report (unaudited) for March 31, 2020. Receive and place on file.
- 2. Budget Status Report (unaudited) for April 30, 2020. Receive and place on file.
- 3. Budget Adjustment Request (20-040): Any increase in expenses with an offsetting increase in revenue. <u>To approve.</u>
- 4. Resolution Approving Budget Adjustment General Fund Transfer. <u>To approve.</u> See Resolutions & Ordinances.
- 5. Director's Report.
  - a. COVID-19 Department Update. Receive and place on file.

# No. 10e -- REPORT OF PUBLIC SAFETY COMMITTEE OF JUNE 2, 2020

- 1. Review Minutes of: None.
- 2. Communication from former Supervisor Tran: Establish a master plan for the future of the downtown jail. *Action at March 2020 meeting: To refer to staff for consideration of funding study monies in the 2021 budget and bring back in June.* To refer to staff for consideration of funding future study money.
- 3. Late Communication from Chair Buckley re: Discussion and possible action regarding compensation for Courthouse and District Attorney Office employees for March 19, 2020 shutdown. *Action at June meeting: To hold for one month.* To hold for two months.
- 4. Medical Examiner's Report. Receive and place on file.
  - a. COVID-19 Update Standing Item. Receive and place on file.
- 5. Medical Examiner Resolution Authorizing Entering Into a Contract Entitled: Intergovernmental Agreement Between Dane County and Brown County for Medical Examiner Services. <u>To approve</u>. See Resolutions & Ordinances.
- 6. Public Safety Communications 2019 Year-End Budget Status Financial Report (unaudited). Receive and place on file.
- 7. Public Safety Communications Budget Status Financial Report for April 2020 (unaudited). Receive and place on file.
- 8. Public Safety Communications Director's Report. Receive and place on file. a. COVID-19 Update Standing Item.
- 9. Emergency Mgmt. 2019 Year-End Budget Status Financial Report (unaudited). Receive and place on file.
- 10. Emergency Mgmt. Budget Status Financial Report for April 2020 (unaudited). Receive and place on file.
- 11. Emergency Mgmt. Director's Report. Receive and place on file. a. COVID-19 Update Standing Item.
- 12. Clerk of Courts Report. Receive and place on file.
  - a. COVID-19 Update Standing Item.
- 13. District Attorney Report. No report; no action taken.
  - a. COVID-19 Update Standing Item.
- 14. Circuit Courts, Commissioners, Probate Budget Status Financial Report for April 2020 (unaudited). *No report; no action taken.*
- 15. Circuit Courts, Commissioners, Probate Director's Report. *No report; no action taken.*a. COVID-19 Update *Standing Item.*
- 16. Sheriff Update re: Jail Addition Standing Item. No action taken.
- 17. Sheriff 2019 Year-End Budget Status Financial Report (unaudited). Receive and place on file.
- 18. Sheriff Budget Status Financial Report for April 2020 (unaudited). Receive and place on file.

- 19. Sheriff Key Factor Report through April 2020 (unaudited). Receive and place on file.
- Sheriff Resolution Expressing Strong Support for Passage of 2019 Senate Bill 5, and 2019 Assembly Bill 5, Which Define County Jailers as Protective Occupation Participants. See Resolutions & Ordinances. To approve. See Resolutions & Ordinances/Committee of the Whole.
  - NOTE: This was not also on the 06-04-2020 Administration Committee Agenda as required, and therefore will be addressed in the <u>Committee of the Whole</u> section of this Agenda, below.
- 20.1. Sheriff Budget Adjustment Request (20-046): Any increase in expenses with an offsetting increase in revenue. <u>To approve.</u>
- 21. Sheriff's Report. Receive and place on file.
  - a. COVID-19 Update Standing Item.
- 22. Audit of bills. To acknowledge receipt of the bills.

# No. 2 -- COMMENTS FROM THE PUBLIC:

Comments from the Public that were submitted via Email or Mail in compliance with the publicly noticed directions, were electronically provided to County Board Supervisors on the morning of the County Board Meeting.

# No. 3 -- APPROVAL OF MINUTES OF MAY 18, 2020.

A motion was made by Supervisor Schadewald and seconded by Supervisor Landwehr "to adopt minutes." Vote taken. Motion carried unanimously.

# No. 4 -- ANNOUNCEMENTS BY SUPERVISORS.

Supervisor Evans stated that Brown County lost a great man as he announced the passing of Dr. Jay Tibbetts who worked on the Brown County Board of Health for over forty years. Supervisor Evans stated that he will be greatly missed.

Supervisor Schadewald stated that Supervisor Evan's lead a recognition commendation for Dr. Tibbetts, and County Board members should look to do the same for others while they are still present with us.

Supervisor Dorff announced that on June 19<sup>th</sup>, 2020, from 11am to 7 pm there will be a Black Lives United Rally taking place at Perkins Park.

Supervisor Lefebvre thanked Brown County Treasurer Paul Zeller for his diligent work on the budget in the Treasurer's Office. Supervisor Lefebvre thanked all of the directors in Brown County that have worked hard to decrease the budget.

# No. 5 -- PRESENTATION OF COMMUNICATIONS FOR CONSIDERATION

### LATE COMMUNICATIONS:

No. 5a -
FROM SUPERVISOR VAN DYCK: REQUEST THAT COUNTY BOARD CHAIR FORM A WORKING GROUP CONSISTING OF REPRESENTATION FROM DOTS, BROWN COUNTY LIBRARY AND BROWN COUNTY CLERK'S OFFICE TO DETERMINE THE FEASIBILITY OF LOCATING THE COUNTY BOARD CHAMBERS IN EITHER THE LOWER LEVEL OR THE THIRD FLOOR OF THE DOWNTOWN LIBRARY BUILDING, WITH RESULTS OF THE STUDY TO BE

# PRESENTED TO THE COUNTY BOARD FOR CONSIDERATION ON OR BEFORE THE OCTOBER 21, 2020 BOARD MEETING.

Referred to County Board Chair.

# No. 6 -- APPOINTMENTS BY COUNTY BOARD CHAIR.

None.

# No. 8a -- REPORT BY BOARD CHAIRMAN.

Chairman Buckley commended the Sheriff's Department and all other Brown County police departments for their hard work and professional demeanor with the current events taking place.

Chairman Buckley invited the Supervisors to come to him with any questions they may have regarding the Citizens Academy and if anyone is interested to contact him within the next couple weeks.

# No. 8b -- REPORT BY COUNTY EXECUTIVE.

Executive Streckenbach announced the retirement of Tracy Ertl who worked with the 911 Communications Team in Brown County for the last 20 plus years.

Executive Streckenbach stated that Brown County has issued a reopening guide for many businesses and is proud of the communication that has been put in place.

Executive Streckenbach noted that the Old Glory Honor Flight for the year 2020 has been canceled due to COVID-19.

Executive Streckenbach stated that he toured the Unified Command and that there will be a report that looks back on all of the recent events that have taken place such as: flooding, COVID-19, riots and protests.

# No. 9 -- OTHER REPORTS.

None.

# No. 13 -- SUCH OTHER MATTERS AS AUTHORIZED BY LAW.

None.

# No. 14 -- BILLS OVER \$5,000 FOR PERIOD ENDING MAY 31, 2020.

A motion was made by Supervisor Lund and seconded by Supervisor Schadewald "to pay the bills for the period ending May 31, 2020." Vote taken. Motion carried unanimously.

# No. 15 -- CLOSING ROLL CALL

Present: Sieber, Chu, Dorff, Jacobson, Lefebvre, Friberg, Borchardt, Evans, Vander

Leest, Buckley, Landwehr, Dantinne, Brusky, Murphy, Kaster, Van Dyck,

Hopkins, Erickson, Coenen, Schultz, Peters, Suennen, Schadewald, Lund, Deneys. Excused: De Wane Total Present: 26 Excused: 1 No. 16 --ADJOURNMENT TO WEDNESDAY, JULY 15, 2020 AT 7:00 P.M. AT THE

**RESCH CENTER.** 

A motion was made by Supervisor Schadewald and seconded by Supervisor Evans "to adjourn to the above date and time." Vote taken. Motion carried unanimously.

Meeting Adjourned at \_\_\_\_8:57pm\_\_\_

/s/ Sandra L. Juno\_\_\_ SANDRA L. JUNO Brown County Clerk